

Integrated Health Project in Burundi (IHPB)
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IHPB

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ABUBEF	<i>Association Burundaise pour le Bien Etre Familial</i>
ACTs	Artemisinin-based Combination Therapy
ADBC	<i>Agent Distributeur à Base Communautaire</i> (Community Based Distributor of Contraceptives)
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
ANSS	<i>Association Nationale de Soutien aux Séropositifs et aux Sidéens</i>
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BDS	<i>Bureau du District Sanitaire</i> (District Health Bureau)
BEmONC	Basic Emergency Obstetric and Neonatal Care
BMCHP	Burundi Maternal and Child Health Project
BPS	<i>Bureau Provincial de la Santé</i> (Provincial Health Bureau)
BRAVI	Burundians Responding Against Violence and Inequality
BTC	Belgian Technical Cooperation
CAM	<i>Carte d'Assistance Médicale</i> (Health Assistance Card)
CBO	Community-Based Organization
C-Change	Communication for Change
CCM	Community case management
CCT	Community Conversation Toolkit
CFR/OMB	Code of Federal Regulations/Office of Management and Budget
CHW	Community Health Worker
COP	Chief of Party
COSA	<i>Comité de Santé</i>
CPSD	<i>Cadre de Concertation pour la Santé et le Développement</i>
CPVV	<i>Comité Provincial de Vérification et de Validation</i>
CS	Capacity Strengthening
CSO	Civil Society Organization
CTN	<i>Cellule Technique Nationale</i>
CT FBP	<i>Cellule technique du Financement Basé sur la Performance</i>
DATIM	Data for Accountability, Transparency and Impact
DCOP	Deputy Chief of Party
DHE	District Health Educator
DHIS	District Health Information System
DHS	Demographic and Health Survey
DHT	District Health Team
DPE	<i>Direction Provinciale de l'Enseignement</i>
DPSHA	<i>Département de Promotion de la Santé, Hygiène et Assainissement</i>
DQA	Data Quality Assurance
EC	Emergency Contraception
EID	Early Infant Diagnostic
EONC	Emergency Obstetric and Neonatal Care

ENA	Emergency Nutrition Assessment
FAB	Formative Analysis and Baseline Assessment
FGD	Focus Group Discussion
FHI 360	Family Health International
FFP	Flexible Family Planning Project
FP	Family Planning
FQA	Facility Qualitative Assessment
FTO	Field Technical Officer
GASC	Groupement d'Agents de Santé communautaire
GBV	Gender Based Violence
GoB	Government of Burundi
HBC	Home-Based Care
HD	Health District
HH	Household
HIV	Human Immunodeficiency Virus
HPT	Health Promotion Technician
HIS	Health Information System
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
iCCM	Integrated Community Case Management
IDI	In-Depth Interview
IHPB	Integrated Health Project in Burundi
INGO	International Non-Governmental Organizations
IP	Implementing Partner
IIP	Institutional Improvement Plan
IPTp	Intermittent Preventive Treatment of malaria during Pregnancy
IPC	Interpersonal Communication
IRB	Institutional Review Board
ISTEEBU	<i>Institut de Statistiques et d'Etudes Economiques du Burundi</i>
ITN	Insecticide-Treated Net
IYCF	Infant Young Child Feeding
Kfw	Kreditanstalt für Wiederaufbau (Établissement de crédit pour la reconstruction) Allemand (German Development Bank)
KII	Key Informant Interview
LMIS	Logistics Management Information System
LOE	Level of Effort
LOP	Life of Project
LPT	Local Partner Transition
M&E	Monitoring and Evaluation
MARPs	Most at Risk Populations
MCH	Maternal and Child Health
MNCH	Maternal, Neonatal and Child Health

MoU	Memorandum of Understanding
MPHFA	Ministry of Public Health and the Fight against AIDS
MSH	Management Sciences for Health
MUAC	Mid-Upper Arm Circumference
NHIS	National Health Information System
NPAC	National Program for AIDS/STIs Control
NMCP	National Malaria Control Program
NGO	Non-Governmental Organization
OIRE	Office of International Research Ethics
OVC	Orphans and Vulnerable Children
PBF	Performance-Based Financing
PCR	Polymerase Chain Reaction
PECADOM	<i>Prise en Charge à domicile</i> (Community case Management)
PEP	Post-Exposure Prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMEP	Performance Monitoring & Evaluation Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNILP	<i>Programme National Intégré de Lutte contre le Paludisme</i>
PNSR	<i>Programme National de Santé de la Reproduction</i>
PPP	Public-Private Partnership
QA/QI	Quality Assurance/Quality Improvement
QA	Quality Assurance
QI	Quality Improvement
RBP+	<i>Réseau Burundais des Personnes vivant avec le VIH</i>
RDTs	Rapid Diagnostic Tests
RH	Reproductive Health
ROADS II	Roads to a Healthy Future
SARA	Services Availability and Readiness Assessment
SDPs	Service Delivery Points
SBC	Strategic Behavior Change
SBCC	Social and Behavior Change Communication
SCM	Supply Chain Management
SCMS	Supply Chain Management System
SDA	Small Doable Action
SIAPS	System for Improved Access to Pharmaceuticals and Services
SIMS	Site Improvement through Monitoring System
SLT	Senior Leadership Team
SMS	Short Message Service
SOP	Standard Operating Procedures
STA	Senior Technical Advisor
STI	Sexually Transmitted Infection
STTA	Short-Term Technical Assistance
SWAA	Society for Women against AIDS in Africa
TA	Technical Assistance

TB	Tuberculosis
TOR	Terms of Reference
ToT	Training of Trainers
TWG	Technical Working Group
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USG	United States Government
URC	University Research Corporation
VMMC	Voluntary Medical Male Circumcision
WP	Work Plan
Y2	Project Year 2

Introduction

The *Integrated Health Project in Burundi* (IHPB) is a five-year project (December 23, 2013 to December 22, 2018) funded by the United States Agency for International Development (USAID). Led by Family Health International (FHI 360) as the prime contractor, the IHPB partnership includes two sub-contractors: Pathfinder International and Panagora Group. IHPB builds on USAID's legacy of support to the health sector in Burundi and FHI 360 and Pathfinder's successes in assisting the Government of Burundi (GOB) to expand and integrate essential services for: HIV/AIDS; maternal, neonatal and child health (MNCH); malaria; family planning (FP) and reproductive health (RH).

The Ministry of Public Health and Fight against AIDS (MPHFA) is a major partner that is involved at every step throughout the project planning and implementation. IHPB's goal is to assist the GoB, communities, and civil society organizations (CSOs) to improve the health status of populations in 12 health districts located in the provinces of Karusi, Kayanza, Kirundo and Muyinga. IHPB's expected results are:

- 1) Increased positive behaviors at the individual and household levels;
- 2) Increased use of quality integrated health and support services; and
- 3) Strengthened health system and civil society capacity.

This quarterly report details program activities during the period October 1, 2015 to December 31, 2015. Highlights of achievements are presented below:

- Developed scope of work (SOW) for proposed SBCC Technical Working Group (TWG) and presented to the MPHFA for review;
- Developed (draft version) of Burundi-specific French version of SBCC C-module curriculum;
- Developed SOW and advertised for a consultant to conduct supply chain process map and a system to monitor stock outs;
- Conducted three four-day training sessions on supply chain management (SCM) and trained 106 (56 female and 50 male) pharmacy staff from 6 health districts;
- Designed Excel-based data base meant to capture community health worker activities;
- Supported Kayanza provincial health bureau (BPS) to organize semi-annual provincial coordination meeting;
- Quality improvement activities included: three-day training of 22 IHPB staff on quality improvement (QI) tools and coaching skills; established 18 QI teams; and mentored QI coaches during supportive supervision visits;
- In addition to developing an Excel-based data base for training activities, tools were setup to better track training and post-training support supervision visits;
- Paid a total of 175,772,902 Burundi Francs to the Performance Based Financing (PBF) system for the months of July – September 2015, being the last payment to facilities based on performance against seven HIV/AIDS indicators;
- Organized a five-day training and trained 82 (56 male and 26 female) health providers on HIV data collection and reporting using updated tools;
- Civil society organizational capacity strengthening activities included: IHPB finance team conducted a two-day supportive supervision visits to ANSS Kirundo and RBP+; and conducted three separate three-day capacity assessment workshops that focused on organizational and

technical domains for each of the three IHPB partner civil society organizations (CSO) – ANSS, RBP+ and SWAA;

- Supported 15 sessions of maternal death audits and contributed to a workshop whose objective was to adapt maternal death audit tools from existing World Health Organization (WHO) tools;
- Organized 8 half-day sessions and trained 205 (169 male and 36 female) health care workers on USG regulations and legislative requirements for organizations receiving USG family planning funds;
- HIV/STIs activities included: (a) organized a two-day workshop attended by 30 participants (22 male and 8 female) in Kirundo, which allowed identifying 17 hotspots; (b) 216 orphans and vulnerable children (OVC) and family members tested for HIV in Kirundo; (c) 93 PMTCT sites supported to offer ARVs; (d) 130 DBS and 304 viral load samples transported from health facilities to National reference Laboratory (INSP); (e) 7 new ART sites established and staff mentored; (e) supported transport of 370 CD4 samples for cell count; and (f) using Site Improvement through Monitoring System (SIMS) tool, conducted supervision of 8 facilities (6 in Kirundo and 2 in Kayanza);
- Malaria activities included: (a) Organized nine five-day training sessions on new guidelines for malaria case management and trained 195 health workers (123 male and 72 female) from nine health districts; (b) In partnership with the National Malaria Control Program (NMCP) and Department of Health Promotion, Hygiene and Sanitation (DPSHA), developed a Kirundi leaflet promoting IPTp, pretested and distributed 3,370 copies for use by CHWs across 12 IHPB health districts; and (c) Held meetings with Kayanza provincial health authorities and agreed to start implementing community case management (CCM) of malaria activities in Musema health district;
- Organized a five-day training session on clinical (facility-based) Integrated Management of Childhood Illness (IMCI) and trained 31 health workers (26 male and 5 female) from Karusi;
- In collaboration with district health information managers, identified 16 health centers (5 Gahombo, 5 Kayanza and 6 Musema) from Kayanza province with immunization coverage below 70%;
- Conducted a five-day training on National Protocol for Malnutrition Management that brought together 37 participants (22 male and 15 female) from Nyabikere health district;
- Submitted a SOW for setting up a Technical Advisory Group (TAG) which has been appointed by the MPHFA. TAG will follow the implementation of the pilot study for the integration of PMTCT and Early Infant Diagnosis (EID) of HIV into routine newborn and child health care;
- Based on comments received from USAID, a revised Y3 WP and budget was submitted and received approval on November 23, 2015;
- Attended various meetings organized by the Ministry of Public Health and Fight against AIDS (MPHFA): Deputy Chief of Party (COP) represented (October 14, 2015) IHPB at the launching of the PNSR's 2015-2020 work plan; Integrated Health Services Advisor represented (October 22, 2015) IHPB at a coordination meeting for the implementation of the Burundi HIV/AIDS health sector operational plan – meeting organized by the PNLS.
- Following the resignation of Dr Martin Ngabonziza, FHI 360 has advertised the COP position to replace him. Deputy COP Abdalla Meftuh is Acting COP and receiving additional support from FHI 360 program management unit in Washington, DC.

CLIN 1: Increased Positive Behaviors at the Individual, Household and Community Levels

Sub-CLIN 1.1: Improved key behavioral pre-determinants at the individual, household and community levels

	Planned for October-December 2015	Achievement and results	Comments
<i>Establish SBCC Stakeholder Working Group</i>	Develop Working Group Scope of Work (SOW)	Achieved	SOW will be presented to DPSHA for comments and inputs in January 2016
	Provide Working Group draft IHPB SBCC messages and materials, solicit feedback and incorporate	Delayed	Messages and materials not pre-tested and/or developed yet. Working Group not established yet by the MPHFA
<i>Develop campaign and materials using Life Stage Approach</i>	Identify graphic designer for Life Stage materials to be developed	Achieved	Three consultant graphic designers identified. Contracts will be signed early February 2016
	Finalize and print Life Stage I materials	First draft materials (flip charts and leaflet) ready	The first draft materials targeting pregnant women will be pre tested early February
<i>Strengthen MPHFA Capacity in SBCC</i>	Develop Burundi-specific French version of SBCC C-Module curriculum	Draft French version available	Final Module is under review and will be available in February 2016
<i>Develop and air radio serial drama that reinforces IPC and community mobilization efforts</i>	Advertise for and secure radio drama production house	Achieved	A contract with PCI Media Impact for serial radio drama production is under development.
	Develop creative briefs for radio drama	Upon execution of the contract with PCI Impact	It is anticipated that contract will be signed in February 2016

During the reporting period, SBCC team implemented activities that are in line with our SBCC strategic framework. Key achievements during the quarter October – December 2015 are presented below:

Develop SBCC Technical Working Group Scope of Work (SOW)

IHPB developed a scope of work for the Technical Working Group to provide inputs to the SBCC materials and activities. The technical working group is a formal and consultative group which brings together the Project and partners' expertise for technical and artistic analysis of all communication materials to be developed IHPB. The SBCC Technical Working Group will have the following tasks:

- Provide comments/inputs on technical and artistic quality of all communication printed materials of the Project;
- Coordinate communication activities across partners and organizations engaged in SBCC and health promotion work;
- Function as a clearinghouse for SBCC material for use across Burundi;
- Provide comments on the design document of the serial radio drama;

- Provide comments and inputs on illustrations, technical observation of the communication materials intended for the four life stages (pregnant women, adolescents, young adults and parents/caregivers of children under five years);
- Share experience and lessons learned so as to improve the state of the art in SBCC at country level and
- Contribute to the dissemination of knowledge and best practices

The Technical Working Group suggested by IHPB will be composed of 15 members (IHPB, Ministry of Public Health Fight Against HIV/AIDS, USAID, Population Services International, Population Media Center, and 4 Provincial Coordinators of Health Promotion). The member organizations have been chosen for their expertise and roles in health communication. Once approval for the establishment of the TWG is obtained from the MPHFA, IHPB, in partnership with DPSHA, will convene the first meeting during the quarter January – March 2016, to review the SOW and distribute roles and responsibilities.

Identify graphic designer for life stage materials to be developed

The Project identified three communication consultants to develop communication materials on pregnant women, adolescents, young adults and parents/caregivers of children under five years, using Life stage approach audience segmentation. The project also began recruitment for three graphic designers who will translate the work of consultants into artistic work. It is anticipated that these consultants are hired and start working on new materials development in February 2016.

Finalize and print life stage I materials (pregnant woman)

SBCC staff developed a leaflet and flipchart targeting pregnant women, encouraging them to seek early ANC services, establish a delivery plan, and promoting exclusive breastfeeding and post-partum services. They also highlight the importance of male involvement during pregnancy. Pretesting of the leaflet and flipchart is planned for February 2016 - IHPB will organize 3 days session of focus group with 21 pregnant women and 4 of their partners to pretest a leaflet and flip chart (22 Illustrations) in Muyinga Province from 2nd February to 4th February 2016.

Pretest is an important aspect of Communication tools creation. The process help to identify the audience appropriateness of the tools by assessing acceptability, attractiveness, call to action, understanding and involvement. The pretest session is conducted by collecting data through focus group or in-depth interview. The duration of pretest session depends on the number of materials. Pre testing a flip chart with 22 Illustration cover full 2 days session.

The participants in the FGD must have the same demographic characteristic as the audience you are trying to reach during materials creation. While, findings from any qualitative research can't be generalized to the whole population, testing on a convenient sample size is an acceptable and scientifically valid practice.

Develop Burundi-specific French version of SBCC C-Module curriculum

SBCC team drafted the first adaptation of the C-Module and with the help of a consultant, contextualized it for Burundi. The module consist of six sections: Introduction of SBCC fundamentals, analysis of the situation, designing a strategy, messaging and materials creation, implementing and

monitoring as well as evaluating and planning. The C-Module¹ will be ready in February and training on the Module is tentatively scheduled for March 2016 for 20 staff (16 from central MPHFA and 4 provincial DPHSHA staff (one from each IHPB province).

Advertise for and secure radio drama production house

SBCC staff developed an RFP for the recruitment of a radio drama production house. A competitive selection process was completed and a contract will be issued in early January to PCI Impact, a US-based organization.

Identification of sites for purposes of using mobile cinema for community mobilization

With the objective to commence (in January 2016) utilizing mobile cinema (using materials developed from previous Pathfinder projects) for purposes of community mobilization in two communes of Muyinga (Gashoho and Gasorwe), during the reporting period, IHPB conducted an exploratory visit and identified 12 sites where mobile cinema on the promotional videos targeting pregnant women (specifically on early ANC and assisted delivery), exclusive breastfeeding, malaria (use of ITNs) will be aired. The Project has officially received authorization from the administration of the two communes to commence in January 2016, community mobilization activities using mobile cinema.

Sub-CLIN 1.2: Increased accessibility and availability of health products to individuals and household

Planned for October– December 2015	Achievement and results	Comments
Construct supply chain process map and monitor stock-outs	Delayed	Activity requires in-depth expertise of a consultant on subject matter. Developed SOW and advertised the consultancy
Convene three four-day training sessions on SCM for pharmacy staff from Gahombo, Kayanza, Musema, Gashoho, Giteranyi and Muyinga districts	Achieved	106 pharmacy staff trained on SCM (quantification, stock management and inventory methods: Musema(16),Gahombo(17),Kayanza(19), Muyinga(20),Giteranyi(17) and Gashoho(17)
Provide essential tools and supplies to support CHWs in CCM focus areas	Continuous	During the quarter, only gloves were distributed to CHWs: Gashoho (162), Gahombo (242) and Kirundo(257) health districts
Avail project vehicles (on as need basis) for timely delivery of commodities to health facilities per districts' requests	Achieved	In addition to the vehicle fully attached to Gashoho, IHPB supported districts with transportation on as needed basis.

¹ C-Change (Communication for Change, USAID-funded project managed by FHI 360), developed a C-Module – a learning and package for social and C-Change developed C-Module: A learning Package for Social and Behavior Change Communication. Six modules, designed to help Communication practitioners that covers all the steps for an effective SBCC program. From analysis of the situation, development of SBCC strategy, Creation of Communication tools, Monitoring and Evaluation and Re-planning. The module is flexible and can be adapted to any local context.

During this quarter (October-December 2015), IHPB sought to further improve supply chain functioning and prevent stock-outs for all 12 health districts through training that focused on quantification, stock management, and inventory methods.

Construct supply chain process map and monitor stock-outs: This activity will be done by the SCM Specialist in collaboration with a consultant who is about to be recruited. Due to external challenges in circulating the consultant terms of reference through local channels (in accordance with project procurement guidelines), the project expects to be able to recruit the consultant in the following quarter (Jan-March 2016). Scope of work for the consultant has been developed.

Convene three four-day training sessions on SCM for pharmacy for 106 pharmacy staff in Kayanza, Gahombo, Musema, Gashoho, Giteranyi, and Muyinga health districts: In collaboration with health districts offices, IHPB organized three sessions of a four-day training on SCM (quantification, stock management, and inventory method) attended by 106 pharmacy staff (56 female and 50 male) from the 6 health districts of Kayanza and Muyinga health provinces. In attendance were: 6 health district staff, 6 hospital pharmacy staff, 89 HC pharmacy staff, 3 supervisors from Muyinga, Gahombo and Gashoho and two staff members each from ANSS (Association National de Soutien aux Séroposifs et Sidéens) and ABUBEF (Association Burundaise pour le Bien-Etre Familial). The pertinent sections of the MPHFA's new Manual on Management Tools and Logistics of Pharmaceutical Products were used for the training to support trainees to manage stocks according to national guidelines with the objective to improve their ability to track and project product needs and reduce stock-outs.

Provide Kits to CHWs in the Community Case Management of Malaria (PECADOM) intervention areas: With the aim of improving community-level management of malaria diagnostics and treatment, as part of IHPB responsibilities, the project delivered 661 gloves for use by CHWs – Kirundo: 257, Gahombo: 242 and Gashoho: 162.

Avail project vehicles (on as need basis) for timely delivery of commodities to health facilities per districts' requests

During the quarter, in addition to the vehicle and driver fully attached to the Gashoho health district for timely delivery of commodities in the district, on as needed basis, IHPB availed vehicles for the transportation of DBS samples from health facilities in Kayanza and Kirundo health districts.

Sub-CLIN 1.3: Strengthened support for positive gender norms and behavior and increased access to GBV services

1.3. a: Strengthened support for positive gender norms and behavior

Planned for October-December 2015	Achievement and results	Comments
Train IHPB and CSO partner staff on gender integrated approaches	Training module under review with remote assistance of FHI 360 HQ.	The module will be ready in February 2016
Develop Gender Strategy	Not achieved. The Gender Strategy will be developed based on the gender assessment that was completed in 2015.	The gender expert from FHI 360 was not able to travel for security reasons and is providing distance TA on the strategy

Provide gender integration training to IHPB staff and CSO partners

The Project has planned a two-day training for approximately 30 IHPB and local partner staff, using USAID training materials on gender integration and transformation, adapted to the Burundi context. During the period under report, the IHPB Gender focal Point drafted training materials. Those materials are being remotely reviewed by FHI 360 HQ gender expert.

1.3. b: Expand access to high quality and comprehensive services for GBV survivors

Planned for October– December 2015	Achievement and results	Comments
Coordinate and provide support for supervision of GBV clinical services	33 health facilities supervised in Muyinga	
Organize SGBV job aid validation workshop	Activities were integrated in 2016 PNSR work plan	Activity planned for March 2016
Train 104 health and non-health providers from the four provinces on clinical management of SGBV	Integrated in 2016 PNSR work plan	Planned to start in January 2016
Disseminate SGBV job aid through a workshop	Planned for March 2016	Working with MOHFA to include this activity in the PNSR work plan
Support quarterly multisectoral coordination meetings to discuss GBV issues	3 quarterly meetings supported by IHPB in health district	GBV related issues discussed

To further expand access to clinical services for GBV survivors IHPB conducted the following activities during the quarter of October-December 2015:

Coordinate and provide support for supervision of GBV clinical services; IHPB conducted supervisions for various health areas. In Muyinga, a total of 33 health facilities were supervised during integrated supervisions. The supervisions focused on gender based violence (GBV) and the active management of the third stage of labor (AMTSL).

Organize SGBV job aid validation workshop: During the second year, IHPB developed an algorithm to be used as a job-aid for clinical management of the victims of sexual violence, utilizing the National Manual for the Clinical Management of Cases of Sexual Violence, WHO Protocol for the Clinical Management of Cases of Rape, and additional nationally and internationally recognized guidelines and materials.

During the quarter October – December 2015, IHPB had discussions with PNSR on the opportunity of organizing a workshop to validate the job aid on SGBV case management elaborated by IHPB. PNSR proposed to conduct the validation workshop in January 2016 and integrated this activity in their 2016 WP.

Support quarterly multisectoral coordination meetings: IHPB supported the health districts of Kayanza, Karusi and Muyinga quarterly coordination meeting through the participation of technical staff. Health and non-health sector partners participated to these meetings and IHPB took the opportunity to discuss on GBV issues in health districts with other partners. One of the findings and issues identified during the supervision was the capacity of health providers to manage GBV cases – IHPB will organize trainings on GBV case management in collaboration with BPS and PNSR starting in January 2016.

CLIN 2: Increased Use of Quality Integrated Health and Support Services

Sub-CLIN 2.1: Increased access to health and support services within communities

Community strengthening

Planned for October– December 2015	Achievements	Comments
Design community database and submit to BDSs and BPSs for adoption	Achieved	Excel database was designed
Support BDS quarterly visit to CHWs and COSAs in Kayanza and Muyinga	Quarterly visit conducted in Giteranyi health district	In the remaining 5 health districts the activity will be conducted in March 2016 after launching the use of tools to strengthen connection between CHWs and HCs (standard monthly report form & community referral form)
Support the BPS to organize a semiannual coordination meeting on community health system in Kayanza and Muyinga provinces	Coordination meeting was held in Kayanza province	In Muyinga, meeting planned for February 2016
Conduct supervision visits to 20 health centers whom management committee members were trained in Y2	Delayed due to non-availability of district staff	Activity is planned for March 2016

Design a community data base and submit it to the BDS and BPS for adoption and use

During the previous coordination meetings on community health system held in Kayanza and Muyinga provinces respectively in May and June 2015, it was noted, among others challenges, the lack of information on community-based activities by the district health team. IHPB designed an Excel database where community data can be entered. The base includes all the categories of CHW activities: home

visit, animation, curative activities, referral, etc. The database was submitted to HIS managers at health district for use.

Support BDS quarterly visit to CHWs and COSAs in Kayanza and Muyinga

In partnership with Giteranyi health district, IHPB conducted a quarterly visit to 15 health centers. The activity consisted in holding a meeting at each health center level, including a supervisor from the health district office, all the CHWs of the HC, the COSA chief, and the health center responsible. The activity purpose was to strengthen the connection between CHWs and the HC, by initiating analysis and use of community data in decision making by HCs; encouraging health services providers to involve themselves in community activities; and inciting health services providers in HCs to consider with respect CHWs services. Main findings highlight the following strengths and weaknesses:

Strengths

- The standard monthly report template is used by GASC (Groupement d'Agents de Santé communautaire) in all HCs
- Referral and counter referral system exists between CHWs and HCs except at Ngomo and Tura HCs
- Kinyami HC is the only one that analyzes and uses community data

Weaknesses and solutions undertaken

- CHWs monthly report and referral forms are not available in HCs. IHPB will help in printing the tools
- Except Kinyami, HCs do not analyze community data. Recommendation was formulated to the HCs chiefs to proceed to community data analysis during the monthly meeting with CHWs
- Some health services providers in HCs disregard CHWs referrals. Recommendation was addressed to all health services providers through health centers chiefs to consider with respect community referral.

Support the BPS to organize a semiannual coordination meeting on community health system in Kayanza and Muyinga provinces

The meeting was held on December 22nd, 2015 in Kayanza, with 74 (24 female and 50 male) among whom: 40 health care providers of HCs, 16 HPTs, 6 supervisors (5 from the BDS and 1 from the BPS), 3 HIS managers, the health promotion coordinator at province level, 3 medical chiefs of health districts, The medical Director of health province, and 4 staff of IHPB.

Discussions focused on the use of the standard community collecting tool by CHWs and HCs. It was agreed that HCs will provide working registers to CHWs ; health district committed to assign a health provider to coordinating community activities at HCs without HPT; HCs committed to transmit community reports to health district before 10th of each month; The HIS managers at district level committed to use the community database.

Sub-CLIN 2.2: Increased percent of facilities that provide quality integrated health and support services

2.2. C: Support integration with a QI model and prepare districts for scale-up of best practices

Planned for October– December 2015	Achievement and results	Comments
Organize a three-day training sessions for IHPB technical leads in QI tools and coaching skills	Achieved	22 IHPB staff trained
Organize four three-day training sessions to train QI coaches for Muyinga	Achieved	19 health providers trained including 6 coaches in Muyinga health province
Conduct first joint coaching visits to established QI teams in 21 health facilities of Kayanza and Muyinga to define implementation QI action plan.	18 QI teams established	3 District Hospitals do not integrate ITP/malaria because they do not provide ANC services.
Mentor coaches through coaching visits during supportive supervision	Achieved	
Organize two to three learning sessions per province	Delayed due to non-availability of provincial staff	Activity postponed for implementation in January 2016
Train 11 curative care and child care providers care in Karusi province on integration of PF into MH	Delayed due to non-availability of provincial staff	Activities postponed for implementation during the quarter January – March 2016
Train 15 curative care providers care in Kayanza province on integration of PF into MH and HIV services		
Train 15 curative care providers care in Kirundo province on integration of malnutrition screening and care		

Organize a three-day training sessions to train IHPB technical leads in QI tools and coaching skills

On October, 14-16, 2015, IHPB organized a three-day training session on the QI model and collaborative approach for 22 IHPB technical staff from Bujumbura and field offices. The purpose of the workshop was to strengthen their process improvement skills and build common understanding of project staff on improvement concepts so that they are more effective in their support to district health systems and partners, through activities such as: mentoring district coaches, coaching Quality Improvement Teams and tracking their progress and assessing their needs.

The workshop covered the following topics: process mapping, establishing a quality improvement team, cloud stages analysis, root-cause analysis and generation of ideas for change, features of a collaborative model for large scale improvements, roles and activities of a coach, Human Resources Development to Perform Quality improvement Care.

Participants became familiar with a few QI tools: tracking table of norms reported in data collection tools, QI Action Plan form, Monitoring Plan, Job aids for QI team composition form, Job aids for meeting organization, Job aids for Meeting report, QI teams functionality follow up form, and Follow up of Decision making form. Next steps include: IHPB staffs in provinces and Bujumbura working closely with district coaches to continue coaching visits, collect and analyze data and track the progress of the teams, including organizing learning sessions among teams.

Conducted joint visits to establish and coach facility-based QI teams on site in Kayanza health province.

In Collaboration with trained coaches (3 district supervisors), IHPB organized a five day joint coaching visit in Kayanza health district (of Kayanza province) to assess and support the work of the QI teams. Five facilities were visited. During the visit, we met with the members of the quality improvement team, assessed and analyzed what has been done, corrected any discrepancy and provided on-the-job training for developing their quality improvement process map and performing root-cause analysis.

A second round of coaching visits focused on Musema and Gahombo health districts (of Kayanza province) where IHPB organized a four-day joint coaching visit to support their Quality Improvement Teams (QIT) on the integration. . Ten target facilities have been visited and 10 Quality Improvement Teams (QIT) have been set up and functional. A total of 97 providers of selected 10 health facilities (10 QIT) have actively been reinforced in QI and integration of FP into MCH and HIV services using the same methodology as in Kayanza health district.

Organize a three-day training sessions to train Muyinga coaches in QI model and collaborative approach.

On 24 -27, November 2015, a four-day for coaches training workshop have been held in Muyinga province where the QI training had not taken place yet and so now all provinces have their QI teams in place equipped with basic knowledge and tools and a support structure (QI coaches). The session was attended by 19 participants: supervisors from provincial and district health offices (7), hospital directors/delegates and chief of nursing (6), in charge of health centers (6) IHPB staffs who missed the Bujumbura QI training session (5). Provincial and district supervisors were the target of that session. In addition, health managers in-charge of selected health facilities and district hospital managers were present to learn how they will lead their quality improvement and integration team.

The purpose of the workshop was to build the skills of coaches to support Quality Improvement Teams as part of the implementation of the collaborative approach to improving integrated Intermittent Prevention Therapy of malaria in pregnancy (IPTp) in ANC services.

Conducted joint visits to establish and coach facility-based QI teams on site in Muyinga health province.

Following the coaching training, in collaboration with the Muyinga health province and Gashoho and Giteranyi trained coaches, IHPB organized a three-day joint coaching visit to support Quality Improvement Teams (QIT) to integrate malaria prevention activities into MCH. Two facilities (Gasorwe and Kamaramagambo health centers) have been visited and provided with job aids to guide and develop meeting report, follow up on decisions made and monitor indicators.

Update on QI and Integration activities initiated in Y2

At the end of December 2015, the progress with the QI activities/ efforts to integrate services is outlined in the table below:

Province	Improvement Topic	Teams functionality ²
Karusi	Integration of family planning and HIV in maternal child health services	11 QI Teams are functional and supported during joint IHPB and district coaching visits
Kirundo	Integration of ANC, GBV, screening for	17 QI Teams are functional and supported

² By functionality, it is meant that teams measure, meet, identify and test changes

	malnutrition and HTC services in curative care	during joint IHPB and district coaching visits
Kayanza	Integration of family planning in maternal health and HIV services	15 QI Teams are functional and supported during joint IHPB-district coaching visits
Muyinga	Integration of PMTCT and malaria management in maternal, newborn and infant services	3 QI Teams are functional and supported during joint IHPB-district coaching visits

The IHPB QI and Integration team has collected a wealth of information that it will analyze and present once STTA are available in-country. Below are examples of two QI teams that are testing changes and their indicators.

Masabo QI team in Buhiga health district of Karusi province:

Improvement Objective: Offer contraceptive methods to women who bring their children to immunization services and child consultation

Change ideas: (a) Family planning health education session for women who bring their children to immunization session; and (b) Conduct once a month visit to support CHWs to sensitize the community on family planning.

Indicator: Percent of women who bring children to immunization services put on family planning method

Preliminary results from Masabo facility

	Jun	Jul	Aug	Sep	Oct	Total
Number of women who bring children to immunization services who accept a family planning method	35	20	9	26	10	
Total number of women who brought children to immunization services	284	284	276	197	140	
Percent of women accept a family planning method	12	7	3	13	7	

Murambi QI team in Kirundo province

Improvement Objective: Improve early ANC services to pregnant women seen during curative care

Change ideas Search for pregnant women based on last menstrual period and offer free pregnancy test in the same curative care room

Indicator: Proportion of pregnant women seen in curative care who received early pre-natal consultation

Preliminary results from Murambi facility

	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of pregnant women seen in curative care that received early pre-natal consultation	5	4	8	6	1	4	2
Total of pregnant women seen in curative care who benefitted from pre-natal consultation	5	4	9	7	1	4	2
Proportion of pregnant women seen in curative care that received early pre-natal consultation	100%	100%	89%	86%	100%		100%

Sub-CLIN 2.3. Increased capacity of providers and managers to provide quality integrated health services.

Planned for October– December 2015	Achievement and results	Comments
Continuously update the IHPB training database	Excel-based database of training activities in place	Data base will help IHPB and districts to track staff who has been trained
Continue developing the post-training assessment tools	Two tools were set up to better track trainings and post-training supportive supervision visits	Post training action plan developed by each trainee. Post training monitoring sheet will be used beginning January 2016.
Plan and coordinate the supervision visits supported by IHPB	For trainings completed in Y3, the post-training follow-up calendar is in place	Post-training assessment is integrated in district supervision visits

IHPB is supporting the delivery of quality services through a comprehensive mix of activities. A significant level of effort is invested in the capacity building of service providers through in-service training workshops, based on the gaps identified during the SARA survey. Sub-CLIN 2.3 activities aim at better track and plan the trainings needed to achieve the mandatory results of the project.

During this quarter (October-December 2015), the following activities were conducted:

Continuously update the IHPB training database

A year 3 (FY 2016) training plan was developed during the overall planning of the Project.

The Excel data base, developed in 2015, was further refined and extended in order to collect additional information useful to IHPB project and their partners (BDS/BPS). Over 100 trainings and the profiles of almost 2,000 trainees from year 2 are included in the database, with some data variables updated or categorized to allow for more streamlined data management and analysis, which will benefit the supportive supervision coordination and be harmonized and interoperable with the national human resource information systems (HRIS).

Continue developing the post-training assessment tools

Two tools were completed:

- A *post training action plan* form was developed to be completed by each trainee at the end of each training. The post training action plan will serve as the basis for the post-training assessment during supervision visits.
- A *post-training assessment form* was developed, to be used to assess the performance of trainees and their post-training action plan during the follow-up supervision visits. IHPB will start using this form beginning January 2016.

Plan and coordinate the supervision visits supported by IHPB

Supervision is an important function of the districts and supervision visits represent an opportunity to support service providers and address systemic issues that affect service delivery. For this reason, IHPB supports the supervision system in many ways: logistical and financial support, joint supervision visits and mentoring of district supervisors.

An annual calendar of supervision visits supported by IHPB was developed in connection with post-training assessment. In accordance with the training plan of IHPB supported trainings, this calendar will help coordinate efforts and resources, and to promote a more effective follow-up post-training assessment.

CLIN 3: Strengthened Health Systems and Capacity

Sub-CLIN 3.1: Strengthened decentralized health care and systems in targeted geographic areas

3.1. a: Work with provincial and district health bureaus to progressively strengthen district level capacity and performance in managing decentralized health system

Planned for October– December 2015	Achievement and results	Comments
Identify, reproduce and distribute all current national health policies documents, protocols, and guidelines needed by health facilities.	New guidelines on malaria treatment distributed to 45 facilities in Kayanza; Kirundo and Karusi. BEmONC guidelines distributed to 71 facilities - Kayanza (45); Karusi (15) and Kirundo (11)	These documents are distributed during training sessions and during joint supervision visits.
Build capacity of 12 supervisors in medical equipment preventive maintenance	Delayed, postponed to March 2016	Trainee supervisors not available.
Train lab technicians of the six (6) district hospitals to perform clinical laboratory tests	Achieved. 25 trained.	12 laboratory technicians from six district hospitals and 13 health centers 9who have hematology, bio-chemistry and CD 4 count macahines) in Kayanza, Kirundo and Muyinga were trained
Improve quarterly coordination meetings	Continuous	IHPB helped health district prepare agenda, invite participants, and compile and follow up on recommendations
Assess and strengthen supervision system	Continuous	IHPB will start developing comprehensive supervision tool

CLIN 3 activities aim at strengthening the capacity of local district partners to plan, oversee, manage and deliver essential and integrated services in an effective, efficient and responsive decentralized health system. Under Sub-CLIN 3.1, IHPB is helping the GOB put in place the policies, district management capacities, infrastructure and equipment needed to support essential and integrated health services.

During the reporting period, IHPB conducted the following activities:

Identify, reproduce and distribute all current national health policies, protocols, and guidelines needed by FOSAs

IHPB supported the identification, printing/photocopying and distribution of current national health policies documents, protocols, and guidelines needed by health facilities in IHP intervention zone. The distribution of key documents for each one of the four IHPB components was done during training sessions, in collaboration with IHPB technical leads for each domain and with district health teams and the national level counterparts.

Build capacity for 12 supervisors in preventive maintenance for medical equipment

This activity has been rescheduled for March 2016 because 7 supervisors were not available and 5 were on annual leave.

Train lab technicians of the six district hospitals to perform clinical laboratory tests

In collaboration with health districts offices, IHPB organized a five-day training session of 25 laboratory technicians (including 5 women and 20 men) from 6 district hospital and 13 health centers in Kayanza, Karusi, Kirundo and Muyinga provinces to perform HIV/AIDS screening, dried blood spot (DBS) collection, quality assurance and quality control of medical laboratories, handling and preventive maintenance of CD4 count machines (Facscount and Pima), biological diagnosis of malaria, pulmonary TB, and syphilis; and management of biomedical waste. Laboratory technicians are chosen from health centers that have biochemistry, hematology and CD 4 count machines. Important to note that all staff with facilities that have FASCOUNT are able to perform clinical laboratory tests.

Improve quarterly coordination meetings

IHPB supported the health district-led quarterly coordination meetings through the participation of technical staff (STA/HSS, malaria specialist, the FOM and the M&E Technical officer) with funding from In-Kind sub-grants. Health and non-health sector partners participated to these meetings. Furthermore, IHPB attended the coordination workshops and reported on progress of activities, results, and implementation issues.

While the health districts of Kayanza, Karusi and Muyinga health provinces were able to request and organize quarterly coordination meetings with support from IHPB, four health districts in Kirundo (Busoni, Kirundo, Mukenke and Vumbi) continued to get support from the Belgian Technical Cooperation for conducting their quarterly coordination meetings.

IHPB also worked with districts to improve these meetings with inclusion of district hospital staff and community health workers representatives.

Some improvements were noted: health districts now prepare the agenda of these meetings based on identified problems and are inviting all stakeholders. At the end of the meeting, participants make recommendations and designate a responsible person for monitoring the implementation of these

recommendations. During the next meeting, districts give feedback to participants on the status of implementation of recommendations.

Topics discussed during the different coordination meetings include: (1) Analysis of the state of advancement of annual action plans 2015; (2) Analysis of the development of annual action plans 2016; and Progress and status on key health indicators -

Assess and strengthen supervision system

The project provided logistic support to supervision visits through sub-grants that cover the recurrent costs of supervision and through mentoring of district supervisors during joint visits in which IHPB staff accompanies the district supervisors and monitors their supervision skills. HSS team is developing a supervision tool to address all aspects of a supervision system, from planning to evaluation, including steps involved in a supervision visit, from preparation to reporting.

Support to district annual planning process

To support districts to develop their annual work plans, IHPB used sub-grants to organize planning workshops and presented district reports and data for evidence-based planning. During analysis of the annual plans, it was observed that districts do not use data to inform planned activities; lack capacity in planning; did not implement certain activities from the preceding year; face severe budget constraints; and implement unplanned activities that interfere with the planned ones.

3.1b: Provide essential technical and financial support for PBF

Planned for October – December 2015	Achievement and results	Comments
Receive and pay invoices for relevant HF performance on seven HIV/AIDS indicators for July, August and September 2015	Achieved	175,772,902 Burundi Francs paid

Receive and pay July – September 2015 PBF Invoices for seven HIV/AIDS indicators: Per the 2015 PEPFAR COP, in Y3, IHPB will cease financial and technical support to PBF. During the quarter October – December 2015, invoices from the CTN covering the period July – September were paid (table below). Following new PEPFAR strategy, 175,772,902 Burundi Francs represents the last payment IHPB will make under the PBF strategy.

Covered Month	Amount
July 2015	55,746,188
August 2015	60,302,777
September 2015	59,723,937
Total	175,772,902

Sub-CLIN 3.2: Strengthened M&E and data management systems at facility and community levels

Planned for October-December 2015	Achieved/Results	Comments
Organize a five-day session to train 95 health providers on HIV data collection and reporting using updated	82 trained	13 more will be trained in Q2

Planned for October-December 2015	Achieved/Results	Comments
tools		
Strengthen capacity of district teams and facility managers on use data through quarterly district data analysis workshops	3 data analysis workshops organized	Due to close out of IHPB support to HIV services in Muyinga and Karusi, HD did not organize quarterly data analysis meetings. In Kayanza they were supported by another partner.
Develop and disseminate data visualization dashboards for use at the facility level	Not achieved yet	This is an ongoing activity. Assessment of the needs will be conducted in Q2
Develop improved FSW follow-up database and update reporting form	Cancelled	USAID instructed to withdraw support to HIV activities in Muyinga

Details on activities implemented during the quarter October – December 2015 are presented below:

Organize a five-day session to train health providers on use of updated HIV data collection and reporting tools

In the framework of M&E strengthening, IHPB conducted two five-day training sessions, one in Kayanza another in Kirundo (Dec 7-11, 2015). The training subject was the use of HIV-related tools data collection and reporting tools recently updated by the National Program for AIDS/STIs Control (NPAC). The purpose of the training was to improve the quality of HIV-related data especially in matters of accuracy and completeness. The target audience was made of provincial and health district HIV focal points as HIV activities supervisors, the in-charges of health centers and head-nurses of HIV care units in supported hospitals.

In all, out of 95 targeted for the training, 82 health providers (56 males and 26 females) were trained during the reporting period, 55 in Kayanza and 27 in Kirundo. The 13 remaining were not available and will be trained during the second quarter.

Strengthen capacity of district teams and facility managers on data use through quarterly data analysis workshops

Data analysis workshops are organized on a quarterly basis and are supported by the in-kind grants signed between IHPB and each health district. They bring together the health district team and in-charges of health centers located in the district catchment area, along with other partners interested in data quality and use. The workshop offers opportunity to present data from all facilities and analyze progress made in matters of achievement and quality.

As they are normally one-day workshops, all data are not discussed but agendas are jointly prepared based on issues previously observed during supervisions.

During the reporting period 3 data analysis workshops were organized; two were organized by Mukenke and Busoni HD, another by the Provincial health Bureau in Muyinga, all with the support of IHPB.

Develop and disseminate data visualization dashboards for use at the facility level

Data visualization dashboards are not new in supported health facilities. For multiple conflictual agendas, an assessment of needs was not conducted during the period under review and it is planned for the quarter 2 in IHPB-supported areas.

Develop improved FSW follow-up database and update reporting form

For its FY 2015 COP, PEPFAR Burundi placed Muyinga Province as non-priority zone and instructed IHPB to stop support of HIV activities in that province. Thus, development of the database was cancelled as the sub-grant supporting FSW was closed with December 2015. The LINKAGES Project will resume support to key populations once it starts activity implementation in Burundi.

Instead, a need for a standardized electronic tool for Community case management of malaria (CCMM) arose within the reporting period. IHPB developed an access-based database. As it would be a big workload to the district HIS unit, the database will be installed at IHPB offices. A copy of the CHW's report will be sent to IHPB for data entry and analysis. Once the database is fully functional, IHPB will work with the Integrated National Program for Malaria Control in order to transfer the database to the districts for better CCMM data ownership and eventually its integration in the national HIS.

Other routine M&E activities

During the quarter under review, IHPB conducted other routine M&E activities: (a) Conducted supportive supervisions and active data collection in 171 health facilities (Karusi: 35, Kayanza: 42, Kirundo: 46, and Muyinga: 48) on IPTp activities to inform progress made after health providers were trained on IPTp - IPTp data is not yet included and collected in the routine health information system. (b) Conducted supportive supervision at Réseau Burundais des Personnes vivant avec le VIH (RBP+) Kirundo on the use of the OVC database and updated the electronic reporting template. During these visits, we found that the sub-contractor has not entered all the OVC cohort yet in the database and promised to complete the entry the same week.

Sub-CLIN 3.3: Increased civil society capacity to support positive behaviors and quality integrated services

Planned for October – December 2015	Achievement and Results	Comments
Provide support to CSOs in improving management systems, financial management, and human resources management through at least quarterly visits	Achieved	Conducted support supervision to ANSS Kirundo and RBP+ Kirundo
Conduct quarterly joint supportive supervisions focused on technical activities	Achieved	IHPB staff in collaboration with the antenna coordinator, conducted supportive supervision to ANSS Kirundo staff
Reassess CSO capacity using IDF: three 3-day	Achieved	ANSS, RBP+ and SWAA Burundi

Planned for October – December 2015	Achievement and Results	Comments
assessment sessions for three CSOs (20 people per CSO)		were assessed using IDF tool
Conduct a 5-day training on the integration of RH/HIV/PMTCT services for eight health providers from ANSS Kirundo and Ruhehe HC	5 additional health care providers trained	3 were already trained

Ownership of the capacity-strengthening process for civil society partners is critical to achieving USAID's desired outcome that CSOs be direct recipient of USAID funds. IHPB ensures that participating CSOs realize measurable and sustainable improvements in both technical and organizational capacities.

In August 2014, CSOs were assessed using the Institutional Development tool (IDF) focused on technical and organizational domains, which serves as the baseline. At the beginning of Y3 (November 2015) such assessment has been repeated to measure progress made and identify any additional capacity gaps to be addressed. CSOs were also assessed with the Non-U.S. Organization Pre-Award Survey tool (NUPAS) to determine if they could receive direct funding from USAID. In order to reach this ultimate objective, during this quarter, the following activities were carried out:

Provide support to CSOs in improving management systems, financial management, and human resources management through at least quarterly visits: IHPB staff from the finance team conducted a two-day supportive supervision to ANSS Kirundo and RBP+. This supervision aimed to improve the skills and practice for staff involved in administration and finance.

In RBP+ Kirundo, all documents related to procedure policies, financial reports and human resources management were in place, comprehensive and well completed. The marking and branding needs to be strengthened.

In ANSS Kirundo, also, the branding and marking and the security funds are the main weaknesses. A list of recommendations was communicated to each CSO, the main ones being: (1) Respect strictly the branding and marking policy as required by USAID for both CSOs; (2) Build capacity for ANSS finance staff ; (3) Decentralize more finance services for RBP+ ; and (4) Ensure the securing of funds.

Conduct quarterly joint supportive supervisions focused on technical activities: USAID team with IHPB staff and health district staff conducted a supervision of Kirundo ANSS clinic staff using the Site Improvement through Monitoring System (SIMS) tool. Afterwards, the IHPB staff in collaboration with the antenna coordinator conducted a joint supportive supervision for assessing the implementation of the recommendations. ANSS Kirundo had implemented all the recommendations. They also conducted other supervisions jointly with health district staff and assessed the implementation of the work plan developed in June 2015. They found that the workplan has been achieved except for some activities related to MSM.

The RBP+ also has been assessed using the SIMS tool by the IHPB staff. The recommendations from the previous assessment conducted by USAID team have been implemented. IHPB has developed an improvement plan to address to the gaps identified in the assessment and it has been successfully

implemented. Regarding the weaknesses identified in OVC filing, IHPB has implemented a software based on Access application which allows a better OVC registering, follow up and generates automatically the reports. The distribution of school articles has been successfully conducted and allowed 1768 OVC (895 females and 873 males) to attend their studies.

Reassess CSO capacity using IDF: three 3-day assessment sessions for three CSOs (20 people per CSO):

IHPB conducted three separate 3-day capacity assessment workshops that focused on organizational and technical domains for each of the three IHPB partner CSOs – 58 participants attended: ANSS (20), RBP+ (18) and SWAA - Burundi (20). The assessment, which used Institutional Development Framework tool, aimed at measuring the progress the three CSOs have made after 14 months of IHPB and PMTCT Acceleration Project support. Early analysis indicates that the scores have significantly improved compared to the scores of the baseline capacity assessments conducted in July/August 2015.

Each CSO was scored from 1 to 4 and it is estimated that any score superior or equal to 2 two is good and the table below shows the comparison of the scores obtained in the 2 sessions.

Organizational and technical capacity scores

Organizational domains						
	ANSS		RBP+		SWAA Burundi	
	July 2014	November 2015	August 2014	November 2015	July 2014	November 2015
Oversight/Vision	2.46	2.85	2.63	2.98	2.88	3.23
Management Resources	2.76	3.09	3.35	3.67	2.79	3.18
Human Resources	2.54	2.97	2.79	3.47	2.21	3.17
Financial Resources	2.76	3.00	2.81	3.26	2.69	2.94
External Resources	2.25	3.08	3.08	3.83	2.71	3.27
Technical domains						
	ANSS		RBP+		SWAA Burundi	
	July 2014	November 2015	August 2014	November 2015	July 2014	November 2015
HIV AIDS Care and Treatment	1.78	2.84	NA	NA	1.98	2.81
Family Planning	2.45	2.90	NA	NA	2.40	3.13
Maternal, Newborn, and Child Health	NA	NA	NA	NA	NA	NA
Prevention of Mother to Child Transmission of HIV	2.14	2.64	NA	NA	2.14	3.04
Malaria	1.00	2.21	NA	NA	1.50	2.04
Advocacy and Community Mobilization	1.17	3.00	2.17	2.83	1.25	2.00
Most At-Risk Populations (MARPS)	2.00	3.00	2.38	2.75	1.75	2.38

Thanks mainly to the support provided by IHPB and PMTCT projects, significant progress has been made in organizational domains and technical domains as well.

Previously, in September 2015, the CSOs had been assessed with the NUPAS tool. The NUPAS assessment has three objectives³:

1. To determine whether the organization has sufficient financial and managerial capacity to manage USAID funds in accordance with U.S. Government and USAID requirements,
2. To determine the most appropriate method of financing to use under the potential USAID award, and
3. To determine the degree of support and oversight necessary to ensure proper accountability of funds provided to the organization.

With the NUPAS tool, the CSOs are classified based on the overall score per criterion as followed⁴:

- 1.0 – 1.5 Inadequate
- 1.51 – 2.5 Weak
- 2.51 – 3.5 Adequate
- 3.51 – 4.0 Strong

The scores obtained per criterion in this assessment are presented in the table below:

	ANSS	RBP+	SWAA Burundi
Criterion	Average score/4	Average score/4	Average score/4
Legal Structure	3.50	3.60	3.60
Financial Management and Internal Control Systems	3.34	3.22	2.78
Procurement Systems	4.00	3.81	3.13
Human Resources Systems	3.73	3.71	3.52
Project Performance Management	2.63	3.13	2.38
Organization Sustainability	3.09	3.47	2.94
Overall Score	3.38	3.49	3.06

Based on the scores obtained, the three CSOs are qualified to manage USAID grants with low or moderate risk.

In IHPB project six transition criteria⁵ have been proposed and they are regularly monitored. The CSOs meet all the requirements of the six criteria.

Conduct a 5-day training on the integration of RH/HIV/PMTCT services for eight health providers from ANSS Kirundo and Ruhehe HC: The objective of this training was to strengthen the capacity of health care providers and health district supervisors on the integration of services in the Reproductive health,

³ NUPAS Guidelines and support page 3

⁴ NUPAS Guidelines and Support page 4

⁵ (1) The CSO must meet the law requirements and be recognized by the government, (2) The organization must demonstrate a clear separation of governance and executive functions, (3) the organization must be in good standing with FHI 360, (4) The organization must have a well-established accountability and policy framework, (6) The organization should demonstrate basic proficiency in areas necessary for successful management of USAID cooperative agreements.

HIV and PMTCT in order to improve the quality of services in the Kirundo province health centers. Five health providers from ANSS clinic (3 persons) and Ruhehe health center (2 persons) were trained during a 5-day session. Participants were trained on the following topics: Reproductive health generalities, Basics notions on HIV and PMTCT; National Protocol for ARV treatment in Burundi; Universal precautions and creating a safe workplace; Handling and processing equipment and medical equipment; Support for blood exposure accidents and other body fluids; Supportive Care caregivers; Information and counseling before HIV testing; HIV testing and counseling for RH / HIV / PMTCT; Concept ANC focused or refocused; Support for common health problems during pregnancy; Prescription preventive care; Support for Labor and childbirth; care of the mother after childbirth and newborn during the first hour.

Priority Health Domain Strategies

Maternal and Newborn Health Strategy

Planned for October– December 2015	Achievement and results	Comments
Conduct formative supervision for BEmONC in Kirundo	Delayed	National trainers not available
Conduct formative supervision for BEmONC in Karusi		
Conduct formative supervision for BEmONC in Muyinga		
Elaborate and validate tools for maternal death audit	Tools elaborated and already used to collect data in hospitals	Activity conducted in partnership with partners (UNFPA, WHO, JICA and HEALTHNET TPO)
Support Maternal death audits in 9 hospitals	15 sessions conducted in December	Postpartum hemorrhage, infections and malaria were main findings
Train 30 providers from Muyinga on BEmOC	Delayed due to unavailable trainers	Planned for January 2016
Train 45 health providers and health district supervisors on EONC	Activities were integrated in 2016 PNSR work plan	Planned for March

During the quarter October – December 2015, HPB implemented the following activities:

Conduct formative supervision for BEmONC in Kirundo Karusi and Muyinga: During this quarter, formative supervision for BEmONC was not conducted. According to the national protocol, the first supervision must be conducted by national trainers who were not available during this quarter. IHPB took the opportunity to include these supervision activities in the 2016 PNSR. Meanwhile, IHPB conducted supervisions for various health areas. In Muyinga, a total of 33 health facilities were supervised during integrated supervisions. The supervisions focused on gender based violence (GBV) and the active management of the third stage of labor (AMTSL). In Karusi, 9 health centers from Buhiga health district were supervised focusing on AMTSL especially on how to collect data on the use of uterotonic to prevent post-partum hemorrhage. A similar activity was conducted in Kirundo province

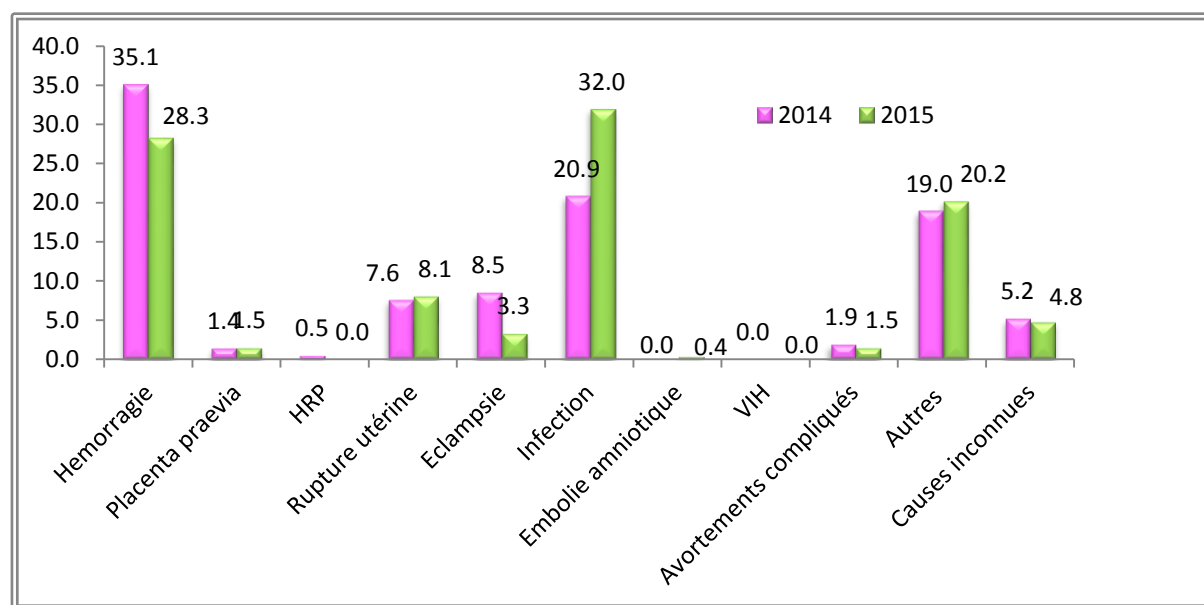
and data collected. Available data for October and November show 1,403 women in Kirundo and 867 women in Karusi received an uterotonic in the third stage of labor. The supervision in Muyinga will be conducted after the training which is planned in January 2016.

Support Maternal death audits in 9 hospitals: during this quarter, 15 sessions of maternal death audits were conducted. For each session, participants were health providers from health centers around the hospital conducting the session, the staff from the hospital, health district and representatives. Five (5) sessions were conducted in Kirundo (3 with Kirundo hospital and 2 with Mukenke hospital), 4 in Muyinga (2 with Giteranyi hospital, 1 with Muyinga hospital and 1 with Gashoho hospital), 5 in Kayanza (2 with Kayanza hospital, 2 with Musema hospital and 1 with Gahombo hospital) and 1 in Karusi (with Buhiga hospital). The main causes of maternal death identified were post-partum hemorrhage, infections, and malaria.

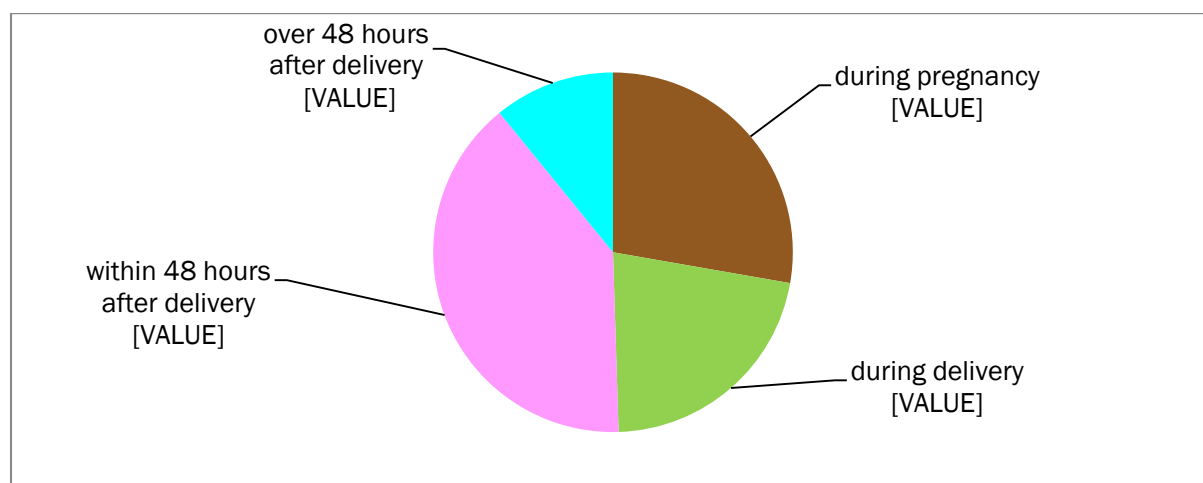
Integrate IHPB-supported activities in PNSR 2016 work plan: During the quarter, PNSR was in the process of elaborating its work plan for the coming year 2016. This gave IHPB an opportunity to share IHPB-planned activities for insertion in the PNSR. As a result, FP, MNH and GVB activities supported by IHPB are now integrated into the PNSR annual work plan for 2016.

Elaborate and validate tools for maternal death audit: in the process of elaborating data collection tool for maternal death, IHPB contributed to the adaptation of the existing WHO tool to the Burundi context. After adaptation, PNSR and its partners worked together to operationalize the use of the new tool. Activity was coordinated between 5 main partners: World Health Organization (WHO), United Nation for Family and Population Agency (UNFPA), Integrated Health Project in Burundi (IHPB), Japanese International Cooperation Agency (JICA) and Health Net TPO, an international NGO supported by Netherlands Cooperation. IHPB provided financial support to a workshop for orientation on the use of the tool. After orientation, PNSR organized teams to collect data from hospitals in all provinces and results were as follows:

Main causes of maternal death in 2014 as well as in 2015 are hemorrhage (35.1% in 2014, 28.3% in 2015) and infection (20.9% in 2014, 32.0% in 2015) as in the graph below:



Most of maternal death occur within 48 h after delivery (39.7%), during pregnancy (27.8%), during delivery (21.8%) and over 48 hours after delivery (10.9%) as in the graph below:



Reproductive health/ family planning

Planned for Y3	Achievement and results	Comments
Conduct monthly follow-up on FP activities at health facility level	Continuous	3 supervisions sessions held
Organize 12 training sessions on compliance with USG regulations on FP	205 people were trained out of 223 planned	8 sessions conducted

Conduct monthly follow-up on FP activities at health facility level

IHPB conducted a supervision of Burara health facility in Busoni Health District on December 15, 2015 with a focus on family planning services: the objective was to verify implementation of family planning activities. All activities are well implemented with all family planning methods available and no stock-out.

The team conducted also supervision on youth friendly services in the health centers in Muyinga. All the health centers have already started to offer the services for the young peoples. The health center lacked job aid (leaflets; Booklets on SRAJ; Guides peer educators) for the sensitization of the young on reproductive health.

Organize 12 training sessions on compliance with USG regulations on FP

In the work plan we planned to train 223 people, including staff of the project and from the partners. In this quarter IHPB was able to train 205 MPHFA staff on USG policies and legislative requirements for organizations receiving USG funds and implementing family planning activities over eight sessions: .

(169 male and 36 female) health care providers (46 health care providers from Karusi: 37 male and 9 female, 62 health care providers from Kayanza: 46 male; 16 female, 64 health care providers from Muyinga: 56 male; 8 female; 33 staff project: 30 male and 3 female)

HIV/AIDS Strategy

Planned for October-December 2015	Achievement and results	Comments
Conduct two one-day sensitization sessions of district hospitals workers per district hospital	First sensitization sessions held in Kirundo and Mukenke District Hospitals	For the following hospitals, sensitization meeting for Kayanza, Gahombo and Musema planned for quarter January – March 2016
Hold a two-day workshop per province to identify potential zones with high risk of HIV infection	Workshop organized in Kirundo province	Workshop for Kayanza planned for February 2016
Targeting potential zones with high risk of HIV infection	17 hotspots were identified in Kirundo	Identification in Kayanza will be completed in February 2016
Train HTPs on HIV counseling	Delayed	Training session planned in January 2016 for Kirundo and February for Kayanza
Test 1,948 OVC and other members of their families for HIV through RBP+ grant	216 OVC and other members of their families tested for HIV	Testing of OVC in Kirundo will continue
Support 101 PMTCT sites to offer ARV to reduce MTCT of HIV	93 PMTCT sites supported to offer ARV to reduce MTCT of HIV	
Organize routinely mission of transporting samples	130 DBS and 304 viral load samples transported from health facilities to the reference laboratory (INSP or ANSS).	
Treat victims of SGBV	28 victims of SGBV received ARV prophylaxis	
Support services for OVC through RBP+ grant	751 OVC served October – December	
Establish new ART sites	7 new ART sites established	
Organize mentoring visits	7 new ART sites mentored	
Support transport of 1,457 CD4 samples from health centers to district hospitals through IKGs	370 CD4 cell count samples transported from health facilities to District Hospitals	

Conduct two one-day sensitization sessions of district hospitals workers per district hospital

In partnership with the directors of the district hospitals, IHPB supported sensitization sessions: December 3th, 2015 in Kirundo hospital and December 22th, 2015 in Mukenke hospital. The purpose of the activity was to sensitize health care providers to integrate HTC into their services: Inpatient wards (Internal Medicine, pediatric, Gynecology and obstetrical, surgery) and outpatient units (adult and infant outpatient, emergency). A total number of 13 healthcare providers participated to the session among them 6 male and 7 female.

Hold a two-day workshop per province to identify potential zones (hotspots) with high risk of HIV infection

In partnership with the Director Provincial of Health and the National Program against HIV/AIDS and STIs, IHPB supported a two-day workshop on December 23-24th, to sensitize key stakeholders on the “Fast Track Strategy⁶” and operationalize its implementation in Kirundo province. The workshop gathered 30 participants (22 male and 8 female) from Provincial AIDS control Committee (Comité Provincial de lutte contre le SIDA-CPLS), Health Provincial Bureau (Bureau Provincial de Santé-BPS), Health District Bureaus (Bureau du District de Santé-BDS), Faith-Based organizations, Civil Society organizations (ANSS, ABUBEF, RBP+), representative of WPS and Health Promotion Technicians (TPS) in Kirundo province. .

During the workshop in Kirundo, 17 hotspots were identified based on data analysis and high-risk behaviors for HIV: 5 in Kirundo HD; 5 in Mukenke HD; 2 in Busoni HD and 5 in Vumbi HD. The participants proposed to organize outreach campaigns for HIV testing in the targeted zones in which topics such as sensitization on HIV/AIDS, testimonies of PLWHA about living positively and on-site HIV testing will be held.

Targeting potential zones with high risk of HIV infection

Hotspots identified in Kirundo province are listed in the following table:

Health District	Commune	Zone with high risk of HIV infection	Justification
Kirundo	Kirundo	Kavogero	Presence of Female Sex Workers (FSW)
		Runanira I&II	
	Bugabira	Bugabira urban	Drunkenness, Presence of Female Sex Workers (FSW)
		Ruhehe	
		Kamena	
Vumbi	Ntega	Nkomero	Mining activities, Presence of Female Sex Workers (FSW)
		Mwendo	
		Rushubije	
	Vumbi	Site for displaced persons at Vumbi	
		Ngere	
Busoni	Busoni	Gatete	Drunkenness, Presence of Female Sex Workers (FSW)
		Rusarasi	
Mukenke	Mukenke	Mukenke	Drunkenness, Presence of Female Sex Workers (FSW)
		Kabuyenge	
		Butihinda/Canika	
	Gitobe	Gitobe	Drunkenness, Presence of Female Sex Workers (FSW)
		Baziro	

⁶ Fast Track Strategy is a strategy to accelerate the response to HIV/AIDS in order to achieve the objective of 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV positive status on treatment; and 90% of people on treatment with suppressed viral loads by 2020.

Test 1,948 OVC and other members of their families for HIV through RBP+ grant

Through RBP+ grant, 216 OVC and their families have been tested for HIV in Kirundo. That is: (i) OVC: 117 amongst 56 female and 61 male. Those tested HIV positive are 11 (5 female and 6 male); (ii) members of OVC's families: 99 include 69 female and 30 male. HIV infected are 12 (6 female and 6 male). The prevalence of HIV in OVC is 9.4% whereas is 12% for members of OVC. Those found positive were enrolled in care.

Support 101 PMTCT sites to offer ARV to reduce MTCT of HIV

IHPB supported (office supplies, fuel, per-diem, etc.) health centers and districts hospitals to offer ARV to reduce MTCT of HIV. Nurses have been assisted for introducing ARV prophylaxis for PMTCT and 93 PMTCT sites (in Kayanza and Kirundo) are now operational.

Organize lab samples transportation system

In partnership with Health Districts and through IKGs, IHPB supported transportation of DBS, Viral load and CD4 cell count samples from health facilities to the reference laboratory (INSP or ANSS).

- **Supporting transportation of DBS samples:**

In partnership with Health Districts, IHPB supported transportation of 130 DBS samples from health facilities to the reference laboratory (INSP). The samples are distributed as following: (i) Kirundo: 96 (from Muramba HC, Ntega HC, Kinyovu HC, Kimeza HC, Buhoro HC, Mugina HC, Gasura HC, Bucana HC, Gitobe HC, Kabanga HC, Gakana HC, izere HC, Buhoro HC, Kigozi HC, Kirundo DH and Mukenke DH); (ii) Kayanza: 34 (from Rwegura HC, Mubuga HC, Gasenyi I HC, Gatara HC, Maramvya HC, Kabarore HC, Rubura HC, Buraniro HC and Kayanza DH).

- **Supporting transportation of viral load sample:**

In partnership with Health Districts, IHPB supported transportation of 304 viral load samples from health facilities to the reference laboratory (INSP). The samples are distributed as following: (i) Kirundo: 138 (from Kirundo DH, Mukenke HD and Gasura HC); (ii) Kayanza: 166 (from Kayanza Hospital, Buraniro HC and Kabarore HCs).

Treat victims of SGBV

IHPB supported health centers and districts hospitals to treat victims of rape. In total 28 victims of rape received ARV prophylaxis.

Support services for OVC through RBP+ grant

Through RBP+ grant, IHPB organized a five-day retraining of volunteers (Orphans Right Protection Committee, CPDO) on OVC care including medical services mainly HIV/AIDS counseling and testing, SGBV care and reproductive health/family planning services. Participants were from Kirundo, Bwambarangwe and Busoni communes. In total, 54 participants have attended the retraining and complete it among them 24 are males and 30 females.

A total of 751 OVC were assisted with school support, shelter and care, juridical assistance, psychological assistance, health support and nutritional supplement.

Establish new ART sites

Through mentoring visits supported by IHPB, seven new ART sites (out of 14 planned) had been established in health centers for ART decentralization. There are distributed as following: (i) Kirundo: 4 HCs (Buhoro, Bugorora, Rushubije and Mugendo); (ii) Kayanza: 3 HCs (Kabarore, Gikomero and Karehe).

Organize mentoring visits

In partnership with health districts, IHPB supported mentoring visits to nurses prescribing antiretroviral therapy in decentralized ART sites (task shifting). Seven health centers have been mentored and offer now ART: (i) Kirundo: 4 HCs (Buhoro, Bugorora, Rushubiye and Mugendo; (ii) Kayanza: 3 HCs (Kabarore, Gikomero and Karehe). IHPB will provide needed tools (protocol, data collection tools) to these new sites.

Support transport of 1,457 CD4 samples from health centers to district hospitals through IKGs

In partnership with Health Districts, IHPB supported transportation of 370 CD4 cell count samples from health facilities to District Hospitals. The samples are distributed as following: (i) Kirundo: 219 (from Kirundo DH); (ii) Kayanza: 151 (from Gatara, Kabarore, Gasenye I, Mubuga, Rukago, Rwegura and Buraniro HCs).

Performing health facilities supervision:

In collaboration with the Health District and Health provincial Bureaus IHPB supported formative supervision missions. The SIMS tool was used and 8 health facilities that provide HIV services have been visited. These are: (i) in Kirundo: ANSS site, Kirundo hospital, Gitobe HC, Muramba HC, Gasura HC, Kigozi HC; (ii) in Kayanza: Buraniro and Kabarore HC. The main challenges encountered are: retention in care (lost to follow up ART patients), incomplete records of patients (patient's files are not filled and WHO staging is not mentioned) and stock out of STI medicines. Discussions with health workers convinced them to complete the tools. In addition, earlier medicines supply and regularly check of patient's appointment will permit to reduce stock out and loss to follow up.

Malaria Strategy

Planned for October-December 2015	Achievement and results	Comments
Mobilize communities and district leaders and conduct thirteen 4-day training sessions on CCM of malaria for 289 CHWs from Musema health district	On going	Held meetings and agreed with Kayanza health authorities to target Musema as new site for CCM
Support technical follow-up meeting on CCM of malaria with CHW, in-charge nurses and HPTs at HC and HH levels	Achieved	One technical meeting per month, per HC was held.
Supply/furnish CCM of malaria equipment to CHWs in Gahombo, Kirundo, Gashoho and Kayanza HDs	Achieved	Recurrent activity (one supply per quarter)
Conduct HH visits to CHWs involved in CCM of malaria	Achieved	386 CHWs visited by IHPB while they were providing services at HH level (160 in Gashoho, 141 in Gahombo and 85 in Kirundo HD)
Develop, multiply and distribute 3,200 leaflets on IPTp	Achieved	3,370 leaflets distributed and available in the community
Conduct supportive supervision visits within HC to improve IPTp implementation, ITN distribution, case management and correct parasitological diagnosis	Achieved	83 HC supervised (42 in Muyinga province and 34 in Karusi province and 7 in Kirundo province)
Conduct nine 5-day training sessions on new guidelines of malaria case management to 201 HPs (128 nurses, 36 HD supervisors, nine health provincial supervisors and 28 from hospitals)	Achieved	195 health providers trained (128 nurses, 19 HD supervisors, 48 health care providers from Health districts hospitals)

In line with the strategic plan of fight against Malaria 2013-2017 and the Malaria Operational Plan 2015, IHPB carried out key activities detailed below:

Mobilize communities and district leaders and conduct training sessions on CCM of malaria for CHWs from Musema health district: In October 2015, IHPB held a meeting with Kayanza authorities to determine whether Kayanza or Musema HD should be targeted as a new site of CCM of malaria during FY 2016. As Musema HD reported many cases of malaria, Kayanza authorities and IHPB agreed to implement CCM of malaria in that district, with a starting date of January 2016 (the district authorities were not available before due to competing priorities).

Support technical follow-up meeting on community case management (CCM) of malaria with Community Health Workers (CHWs), in-charge nurses and HPTs at HC and HH levels: In close coordination with nurses and health promotion technicians, one technical meeting has been held per month at each HC in CCM of malaria area. Using the monthly report of malaria cases within the community, CHWs received recommendations on how to improve CCM of malaria report and follow up children treated. In these meetings, issues about availability of commodities were raised and concerted solutions taken by nurses included borrowing of commodities from facilities. To improve the quality of malaria information generated by CHWs, IHPB updated a data base to include information on clinical, referral and management of commodities.

Supply/furnish CCM of malaria equipment to CHWs in Gahombo, Kirundo, Gashoho and Kayanza HDs: To further support CCM of malaria implementation in Kirundo, Gashoho and Gahombo HD, IHPB distributed gloves to CHWs through districts pharmacies: 160 boxes for Gashoho HD, 241 boxes for Gahombo HD and 257 boxes for Kirundo HD. Each CHW enrolled in CCM of malaria received one box of 50 pairs. For the new additional district of CCM of malaria (Musema), in preparation for the commencement of training activities and supply of tools needed, during the quarter January – March 2016, IHPB launched the order of the kits (safety boxes, gloves, bags, solar lamps and stock cards) needed.

Conduct households' visits to CHWs involved in community case management of malaria: This activity requires the involvement of health care providers in collaboration with health promotion technicians. In Gashoho HD: 160 CHWs, in Gahombo HD: 141 CHWs and in Kirundo HD: 85 CHWs benefited from a visit of HPT or a health care provider. Using the guide of household's visits, aspects related to the conservation commodities of CCM of malaria and stock-keeping tools have been checked. It was observed that CHWs incorrectly filled out stock cards and IHPB offered on-the-job training to remedy the situation.

Develop, multiply and distribute leaflets on IPTp: In close coordination with the staff of the National Malaria Control Program and the staff of Information, Education and Communication service (IEC), messages on the importance of SP for IPTp for use by CHWs were developed and pre-tested. During the quarter, a total of 3,309 leaflets bearing information (in Kirundi) were distributed (one copy each) to CHWs (3,250) and HPTs (59) across the 12 IHPB districts.

Conduct supportive supervision visits within health centers to improve IPTp implementation, ITN distribution, case management of malaria: Using the supervision guide of the NMCP, in partnership with HD staff, and with the objective to improve quality of IPTp reporting, IHPB conducted joint supportive supervision visits in 83 facilities in 8 health districts: Muyinga (15), Gashoho (12) Giteranyi (15), Buhiga (16) Nyabikere (18), Kirundo (2), Busoni (3), and Mukenze (2). It was observed that 40% of facilities experienced stock-out of SP and health workers did not master how to complete the IPTp

reporting tool. Supervising team provided guidance on how to complete inventory records and completion of the IPTp reporting tool.

Conduct training sessions on new guidelines of malaria case management: In partnership with Kayanza, Gahombo, Musema, Kirundo, Mukenke, Busoni, Vumbi, Buhiga and Nyabikere HD trainers, IHPB organized 9, 5-day training sessions on new guidelines of malaria case management by health workers. The new guideline includes treatment of severe malaria using intravenous Artesunate or Clindamycin and Quinine. The table below summarizes the profiles and number of attendees per district.

District	Nurses trained (HC)	Health care providers from districts hospital	HD supervisors	Sex		Total
				M	F	
Buhiga	16	10	2	16	12	28
Nyabikere	18	0	3	12	9	21
Vumbi	14	0	1	13	2	15
Mukenke	10	6	2	15	3	18
Kirundo	17	6	2	14	11	25
Busoni	9	0	2	9	2	11
Kayanza	15	8	4	14	13	27
Gahombo	14	9	1	18	6	24
Musema	15	9	2	12	14	26
Total	128	48	19	123	72	195

Child Health Strategy

Planned for October-December 2015		Achievement and results	Comments
Work with BDS health information system managers to identify health facilities with immunization coverage <70%	16 health centers were identified, in Gahombo (5), in Kayanza (5), and in Musema (6)		
Support BDS to conduct three 5-day training sessions for 90 health care providers from Karusi and Kirundo on clinical IMCI	One session of 31 health care providers from Karusi province was held		The following session will be conducted in February 2016 in Kirundo
Support the BDS to conduct a post-IMCI training follow up in 80 health centers on the basis of 20 HCs per quarter	Follow up visit was conducted in 5 health centers		Other follow up visits will be conducted in February 2016, May 2016, and July 2016
Conduct, two 5-day trainings for 92 health care providers from 45 health facilities in Kirundo Vumbi and Nyabikere health districts on the National Protocol of Malnutrition Management	One session of 37 participants was conducted in Karusi		The following session is planned in March 2016 in Kirundo

Work with BDS health information system managers to identify health facilities with immunization coverage <70%

In order to raise the immunization coverage rate in Kayanza province (refer to table below), IHPB, in collaboration with the health information managers of the health districts, identified 16 health centers (representing 39% of facilities) with immunization coverage less than 70% - Nzewe, Gasenyi II, Ceyerezi, Kibaribari, and Ngoro in Gahombo health district; Kabuye I, Murima, Gahahe, Nyabihogo, and Mubuga in Kayanza health district; Burarana, Kabuye2, Nyarurama, Karehe, Nyarumanga, and Musema in Musema health district.

Health District	Attended delivery rate	New contraceptive acceptors	BCG vaccine coverage rate	Pentavalent III coverage rate	Fully immunized children
Kayanza	46.7%	13%	72%	84%	74%
Gahombo	47%	11%	58.6%	71%	67.6%
Musema	46.6%	9%	56%	67%	66%

To address the low coverage rates, during the quarter January – March 2016, in partnership with the three health districts in Kayanza, IHPB will embark on community mobilization activities.

Support BDS to conduct three 5-day training sessions for 90 health care providers from Karusi and Kirundo on clinical IMCI

The first session was organized for 31 health care providers (5 female and 26 male) from Karusi province; 17 from Nyabikere health district and 14 from Buhiga health district. The training consists in capacity building in using the algorithm of the 6 main symptoms responsible of morbidity and mortality of children under 5 years of age: Cough, diarrhea, Fever, ear problem, Anemia, Malnutrition for children aged from 2months to 5 years; and bacterial Infection, Icterus, birth weight, Diarrhea, HIV status, Feeding for children aged from 0 to 2 months. The training was facilitated by a team of 11 trainers coming from different level of the MOHFA (6 from the central level, 4 medical doctors from hospitals, and 1 person from a district health office) and 2 staff of IHPB (Karusi IHPB office coordinator and the child health specialist).

The training was conducted in two phases: theoretical phase (3 days) and practical phase (2 days) with evaluation.

Results: A total of 1,025 cases were seen by participants (2 -59 months: 908 cases, 0-59 days: 117 cases) or an average of 32 cases by each trainee; a total of 1121 expositions or an average of 35 cases by trainee; 52 errors were done; an average score 95% (minimum 88%, maximum 100%). The WHO recommends a minimum of 20 cases by trainee, and minimum score of 85%.

Support the BDS to conduct a post-IMCI training follow up in 80 health centers on the basis of 20 HCs per quarter

A follow up visit was conducted to 5 of 18 health centers of Nyabikere health district from which health care providers have been trained on clinical IMCI during IHPB year 2. The follow up visit was conducted by a team including one supervisor from the health district office and one person from Karusi IHPB office. The health centers visited are:

Mugogo, Gihogazi, Rabiho, Gasera, and Nyarunazi. The objectives of the activity were: 1) assess the level

of implementation of the acquired knowledge ; 2) assess the difficulties that trained providers are having to apply knowledge received in training; 3) strengthen the capacity of providers trained to optimize the implementation of the approach; 4) incite the BDS to include this aspect in their routine supervision. Main findings are as follows:

Strengths noted:

- Tools (IMCI guide, Weight/Height table, MUAC, registers, IMCI forms) are available;
- Trained staff briefed other health care providers on the content of the training;
- CHWs refer malnutrition cases from community to health centers;
- Systematic malnutrition screening for children aged of less than 5 years in HCs; and
- Health care providers state that IMCI approach allows them to improve quality of care for children

Weaknesses:

- Difficulty to interpret the weight/height table
- The classification of nutritional status is not marked in the register
- Stock-out of some drugs
- General danger signs are not identified by all providers

Conduct, two 5-day trainings for 92 health care providers from 45 health facilities in Kirundo Vumbi and Nyabikere health districts on the National Protocol of Malnutrition Management

During this quarter, 37 participants (15 female and 22 male) from Nyabikere health district were trained, including 36 health care providers and one person from the health district office.

The trainers' team included trainers from the health district and the province health offices, and from IHPB staff. The training included the following topics: nutrition concepts and factors influencing the nutritional status; passive and active acute malnutrition screening; activities in Ambulatory Nutrition Services, Nutritional Stabilization Service and Supplemental Nutrition Services; key practices in nutrition. The tool used is the national protocol of acute malnutrition management.

Results: The training begun by a pretest with the average score of 57%, a minimum of 42% and a max of 72%. The posttest saw an average score of 76%, a minimum of 65% and a maximum of 90%.

Additional activities:

Conduct a child death audit in Gahombo

A child death audit was conducted in Gahombo hospital to analyze the factors that lead to the death, including gaps in the quality of care, access to care and suggest solutions of quality improvement. The audit gathered 18 participants among whom 9 health care providers from hospital, 9 from health centers, and 3 from the health district office.

A case was presented of a 2-year old child aged brought directly to emergency service (not referred from health center) in coma, fever, and convulsions. The malaria test was negative; he was treated like severe malaria and died after 2 days.

It was noted:

- A belated health service request
- Weaknesses in CHWs activities
- Hierarchy of care not followed

PPP initiatives

In year 1 and 2, through its partnership with Panagoa Group, IHPB, explored two PPPs with Leo ECONET.

Given our experience to date, we concluded, the PPP strategy, as was initially conceived, did not contribute to the achievement of IHPB mandatory results and indicators. Informed by lessons learned in Y1 and Y2, a decision was taken to cancel the contract with Panagora Group and FHI 360 partnership.

Innovation study

	Planned for October – December 2015	Achievement and Results	Comments
Innovation study: Pilot of Integration of Prevention of Mother-to-Child Transmission (PMTCT) and Early Infant Diagnosis (EID) of HIV into Routine Newborn and Child Health Care	Constitute Technical Advisory Group and regular meetings	Achieved	TAG has been appointed by the MOH Director General
	Meetings with implementing partners (BPS, BDS, etc.)	Delayed	Meetings will start after required approvals for the study to start
	Protocols development and approval by FHI360, Burundi Ethics Committee, ISTEEBU and Ministry of finance as needed	Achieved partially	Protocol has been reviewed and approved by FHI360 but has yet to be cleared by Burundi Ethics Committee and ISTEEBU
	Tools (guidelines, job aids) development	Achieved	Data collection forms for babies and for mothers, and Informed Consent form developed
	Begin elaboration of other two innovation study protocols including submission to PHSC committee	Delayed	IHPB is assessing the feasibility of implementing the other two innovation studies approved by USAID given changing circumstances in Burundi

The pilot study for the integration of PMTCT and EID of HIV into routine newborn and child healthcare was selected to be implemented during Y3. During this quarter, IHPB should develop the different tools, establish the Technical Advisory Committee of the study, and obtain the authorizations required for implementation. Following activities have been implemented:

Constitute Technical Advisory Group and regular meetings: The Scope of Work for a Technical Advisory Group was developed and submitted to the Ministry of Public Health and Fight against AIDS. The SOW specified the TAG's role, composition and meeting frequency. The TAG has been officially appointed by the Ministry. The TAG includes experts from MPHFA (key health departments as General Direction advisor, Program and Projects department, Health Information System department, Department of supply and demand, Hygiene/sanitation and health promotion department, National Program of Fight against AIDS, National Reproductive Health, IMCI Unit, Health Province of Kayanza), USAID expert and IHPB experts and will be requested to follow closely the implementation of the study. TAG meetings will shortly start and IHPB will begin meeting with implementing partners at the province and district levels.

Protocols development and approval by FHI360, Burundi Ethics Committee, ISTEEBU and Ministry of finance as needed: IHPB has developed the study protocol and the proposal, approved by FHI 360 Scientific Affairs and is waiting for the PHSC approval. After this approval, it will be submitted to Burundian authorities.

Tools (guidelines, job aids) development : In addition to the existent tools as the PMTCT registers, the registers related to ANC, delivery, immunization, growth monitoring and FP activities, IHPB staff developed the data collection forms for mothers and babies, the informed consent form and will develop other tools and job aids whenever needed.

Learning, Documentation and Dissemination

During the quarter October – December 2015, IHPB hired a Communication and Documentation Officer in replacement of the previous one who resigned to pursue studies in Australia. The focus of IHPB's October – December 2015 learning, documentation and dissemination has been to continue to document and disseminate information regarding IHPB project implementation and achievements and to package findings from the FABs. The following documents were published: (a) Technical briefing fact sheets summarizing key findings from the Gender Assessment, SBCC Assessment, SARA and FQA; (b) December issue of the IHPB Newsletter focused on community case management of malaria; and (c) two success stories published in the October – December 2015 quarterly report.

Program Monitoring & Evaluation

Activities	Achieved/Results	Comments
Conduct quarterly PEPFAR and project reporting	Achieved	
Conduct an internal workshop on project monitoring, data quality assurance and data use	Achieved	

Complete quarterly PEPFAR and project reporting

IHPB developed (data analysis, data entry) and submitted the PEPFAR Annual Performance Results (APR 2015) through DATIM (October 31, 2015). In addition, the M&E unit contributed to the IHPB annual report (Dec 31, 2015) and to the three monthly progress reports of the period. Achievements and limitations were systematically discussed within each report. In fact, due to recurring problems of the ELISA channel, the issue of early infant diagnostic is still pending and the project does not have an alternative solution to date.

Conduct an internal workshop on project monitoring, data quality assurance and data use

(a) IHPB Organized a two-day workshop attended by 9 IHPB staff whose objective was to present the new PEPFAR paradigm (PEPFAR 3.0) and the UNAIDS Fast Track strategy towards elimination of HIV transmission by 2030.

(b) Organized a two-day orientation on participatory data quality assessment (PDQA) attended by 23 participants- Provincial Health Bureaus HIS Officers (4); Health districts HIS officers (11); IHPB M&E officers (4); and IHPB Technical Officers (4). This was followed by a two-week data quality assessment exercise whereby data reported on 6 HIV/AIDS (*Number of individuals who received Testing and Counseling (T&C) services for HIV and received their results, Number of pregnant women with known status, Percent of pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy and delivery, Number of HIV-infected adults and children who received at least one of the following during the reporting period: clinical staging or CD4 count or viral*

load, Number of adults and children receiving ART) and 3 MNCH indicators (Proportion of children under five who received ITNs during measles immunization, Number/percent of women giving birth who received uterotonics in the third stage of labor through USG-supported programs, Number/percent of women reached with education on exclusive breastfeeding, Number of active beneficiaries served by PEPFAR programs for children and families affected by HIV/AIDS) from 22 facilities were verified. Whenever the variance between reported and calculated data was more or less 10% (17 facilities out of 22), an improvement plan was developed.

In addition to the aforementioned activities, IHPB finalized the project performance indicator reference sheets.

Program Management

Planned for October– December 2015	Achievement and results	Comments
Recruit and post staff additional staff as necessary	Achieved	12 positions filled this quarter
Submit monthly, quarterly reports and annual report	Achieved	All deliverables submitted on time
Bujumbura-based staff conduct support visits to sub-offices	Achieved	
Hold quarterly staff planning and management meetings	Achieved	
Prepare for and convene Program and Technical Quality Assessment (PTQA)		Activity will be implemented once Home Office staffs are able to travel to Burundi.
Participate in collaboration, coordination and partnership building meetings at the national and field office levels	Achieved	

Recruit and post additional staff as necessary: By the end of December 2015, IHPB had a total of 74 employees – 64 for FHI 360 and 13 for Pathfinder. During the quarter October to December 2015, the following positions were filled: Communication and Documentation Officer, SBCC Officer, Accountant, Technical Program Officers (4), drivers (3) and Secretary/Receptionists (2).

Submit monthly, quarterly and annual reports: During the reporting period, as required by the IHPB contract, FHI 360 submitted monthly progress reports for the months of October, November and December and the Y2 annual report. The monthly and annual reports present achievements and challenges during the report period. In addition, IHPB developed and submitted the PEPFAR Annual Performance Report (APR) into DATIM (Data for Accountability, Transparency and Impact) interface.

On October 9, 2015 and October 22, 2015, IHPB submitted revised versions of the year 3 work plan which was approved by the COR on November 23, 2015.

Bujumbura-based staffs conduct support visits to sub-offices: Senior staff including the COP, DCOP, Senior Leadership Team members and other technical specialists and advisors conducted support supervision visits while key project activities were underway – trainings on CCM Malaria, QI/QA and

integration, strengthening capacity of community structures, basic emergency and neonatal, modern contraceptive technology, building capacity of civil society organizations and other trainings.

Hold quarterly staff planning and management meetings: Under the leadership of the Chief of Party (COP), the six-member Senior Leadership Team (SLT) (COP, Deputy COP, Associate Director Finance & Administration (AD,FA); Senior Technical Advisor Health Systems Strengthening (STA,HSS), Senior Technical Advisor Monitoring and Evaluation (STA,M&E), and Integrated Services Advisor) held regular weekly meetings (Mondays) to make strategic decisions and monitoring program implementation including coordinating with USAID, GOB entities and other USG partners. Under the leadership of a Field Office Manager, technical teams also held regular meetings with their respective staff and in their respective offices.

Prepare for and convene Program and Technical Quality Assessment (PTQA): This activity will be carried out once Home Office staffs are able to travel to Burundi.

Participate in collaboration, coordination and partnership building meetings at national and field office levels: During the reporting period, IHPB fostered collaboration and coordination with USG-funded projects and organizations and MPHFA. Table below presents key events and meetings attended by project staff.

Date	Title of IHPB Staff Member	Theme of Meeting/Event
October 1, 2015	Child Health Specialist	Preparations for a study to assess needs for setting up community health information system(first meeting)
October 1, 2015	Supply Chain Management Specialist	Exchange on activities carried out within the framework of the implementation Logistics Management Information System
October 14, 2015	Deputy Chief of Party	Launching of the PNSR's 2015-2020 work plan
October 22,2015	Child Health Specialist	Preparations for a study to assess needs for setting up community health information system(second meeting)
October 22,2015	Integrated Health Services Advisor	Coordination meeting for the implementation of the Burundi HIV/AIDS health sector operational plan
November 26, 2015	Deputy COP and Malaria Specialist	PMI implementing partners meeting
December 4, 2015	Deputy Chief of Party	Courtesy call to the Minister of the MPHFA
December 4, 2015	Child Health Specialist	Validation workshop of the National Strategic Plan for child survival

Problems Encountered/Solved or Outstanding:

Problems encountered that impacted activities planned for the quarter October – December 2015 include:

- Unavailability of PNSR staff for conducting planned training activities.
- Planned STTA did not happen because of the travel ban on Burundi.
- Lack of local capacity and consultants for SBCC materials development – consultant was not able deliver as planned resulting in cancellation of contract. For one consultant, IHPB had to offer additional training and guidance.
- Stock out of reagents for early infant diagnosis (EID).
- Decentralization of ART task shifting is not yet effective even though the MPHFA gave clear guidelines.
- Long process and delays in obtaining approval from FHI 360's Protection of Human Subjects Committee.

Annex I: Success Stories

Battling Malaria, Saving Mothers' Lives

Malaria is a major public health problem in the sub-Saharan country of Burundi, with four million confirmed cases in 2014 (WHO World Malaria Report 2014). Especially at risk are vulnerable groups, like pregnant women and children under five years of age.

With support from donors like the US Government and in line with WHO recommendations for achieving the MDGs 4, 5, and 6, Burundi adopted the implementation of the *Intermittent Preventive Treatment of Malaria in Pregnancy using Sulphadoxine-Pyrimethamine (IPTp-SP)*. This strategy aims to improve the health status of both mother and child.

The Kigozi Health Center is one of 13 centers (public and accredited) that make up the health district of Kirundo province (in northern Burundi). It's located ten miles from the capital of Kirundo province.



Mrs. Josiane NIRERA is a 28-year-old woman and farmer. She already has three children and is currently in her ninth month of pregnancy. She lives on sub-hill MUHERO, CEWE RUNYONZA of Kirundo commune. During a recent visit to the Kigozi Health Center along with her husband, NGENDAKUMANA Gaspard, she shared her story:

"I have three children. I have already had two premature deliveries at about 8 to 9 months of pregnancy.

Since the first pregnancy, I was always sickly. I could not support my pregnancy until delivery before I got sick two or three times. Each time, it was malaria. This meant that when I got pregnant, I could not eat properly so I would lose a lot of weight; this had consequences on my regular housework and field work. I felt weak all the time... 'lifeless.' Some people used to say that when I was pregnant, I was only as useful as this table. My husband would not disagree. It was hard on him, left to do all the work at home and in the field.

But since I received the tablets for prevention against malaria during my prenatal visits, I feel strong. I am able to do every household activity. I even wondered if these tablets had somehow provided an appetite because I eat all time, contrary to what happened during my other pregnancies.

I feel great enthusiasm to encourage all the women I meet regularly in the coming ANC meetings to receive these tablets because I know myself the good of them. No one knows if she will or will not get malaria, so prevention is key. I say this because some women claim that they never get ill—but you really never know.

I thank the good Lord that allowed these international organizations to help in prevention. I ask them to continue helping us Burundians for an effective improvement of our health."

One Health Worker's Inspiring Dedication to Eliminating Malaria

Two days ago, my child got sick late in the night. As she got much warmer, I went to see Marie Therese around 3 o'clock in the morning. Marie Therese opened her door and tested my baby for malaria. She gave me some medications and you can see how my child is improving."

Kanyange Joselyne is a 23-year-old young mother with one child. She lives at Gatare Sub-colline of Gishambusha colline in the North-West of Burundi in Muyinga Province, Gashoho health district.

This woman's smiling face—and how she and her child battled malaria—interested Dr. Jeanne d'Arc, IHPB Malaria Specialist, who was in the Gashoho district conducting a supervision visit. Joselyne was sitting among a group of women who all told powerful stories about one particular health worker: Marie



Therese Nzirorera. Dr. Jeanne d'Arc knew she must meet her.

Marie Therese Nzirorera is a 53-year-old community health worker. She is a devoted volunteer and very well-known in her community. She is one of 160 CHWs trained by the IHPB in the Gashoho health district to help operationalize the Community Case Management of Malaria Strategy. The strategy is commonly called PECADOM from the French 'Prise En Charge des Cas de Paludisme a Domicile'. Thirteen months after being trained, she is performing very well, treating moderate cases of malaria and referring serious cases to the Gashoho HC.

Marie Therese's catchment area covers 347 families. She sees an average of 45 cases of malaria every month, as is recorded in her registry and reported to Gashoho HC. Women in the community come to see her at any time of day or night, when a child between two and 59 months develops a fever or signs of possible malaria. She welcomes them, and using material provided by the IHPB, administers a rapid diagnosis test (RDT). She provides medications to the moderate cases, and refers cases she deems more complicated to Gashoho HC. *"Since I became a CHW, I never dreamed to become one day a practitioner. Since I started doing malaria testing and giving medication after the training I received last year, people have increased confidence in me and come regularly to seek for me any time in the day,"* says Marie Therese. *"I apply RDT and provide medications, or refer my patient to the HC if it's a severe case."*



Following Joselyne's conversation with Dr. Jeanne d'Arc on her satisfaction with Marie Therese and her services, other women in the group echoed Joselyne's praise. *"Marie Therese has a gifted hand, she heals every child she touches,"* said Ntirampeba Jeannette, a 35-year-old with six children. *"Marie Therese takes good care of our children. Even when you come very late in the night, she doesn't complain. She helps you,"* joined Ninziza Joselyne, a 24-year-old who has two children.

Reported straight from beneficiaries, the story of Marie Therese is powerful. It enhances the understanding of the contributions of CHWs in the fight against malaria. PEDACOM is a community-based strategy that is promoted and supported by IHPB. Stories like this prove its effectiveness and ability to bring about real change in Burundi.

Annex II: Leaflet Bearing Messages on the Importance of SP for IPTp for use by CHWs



IKIRANGAMINSI CO GUKINGIRA UMUKENYEZI YIBUNGENZE INDWARA YA MARARIYA

Umukenyenzi yibungenze ategerezwa gupimisha imbanyoni kw'ivuriro kugira bamukurikirane bongere bamukingire indwara ya marariya.

IKIRINGO	IBITEGEKANIJWE	IGITIGIRI
Amezi atatu(3) ya mbere	umusegetera	Umusegetera umwe
Ku mezi ane (4)	Fansidar	Ibinini bitatu (3)
Hagati y'amezi 5 n'amezi 6	Fansidar	Ibinini bitatu (3)
Hagati y'amezi 7 n'amezi 8	Fansidar	Ibinini bitatu (3)
Hagati y'amezi 8 gushika kuyara	Fansidar	Ibinini bitatu (3)

Menya neza:

-Ubahiriza indwi zine (ukwezi) hagati y'ikiringo kimwe n'ikindi co kuronswa ibinini "Fansidar".

-Bandanya gupimisha imbanyoni gushika wibaruke.



TWIBUKANYE

Bakenyezi mwibungeze, mwirinde marariya:

- Mu kuryama iminsi yose mu musegetera urimwo umuti wica imibu;
- Mu kwijukira gupimisha imbanyoni hakiri kare(imbere y'amezi atatu) kugira muronswe umusegetera;
- Mu kwubahiriza ikirangaminsi co gupimisha imbanyoni no kuronswa Fansidari ibakingira marariya;
- Mu kwivuka kare igihe cose mwumvise ibimenyetso vya marariya;
- Mu gukura ishamba n'ibidengeri vy'amazi iruhande yaho muba;
- Mu gukurikiza impanuro za muganga.



REPUBULIKA Y'UBURUNDI
UBUSHIKIRANGANJI BWO KUBUNGABUNGA
AMAGARA Y'ABANTU NO KUGWANYA SIDA.



**TWJUKIRE KWIKINGIRA MARARIYA
MU GUPIMISHA IMBANYI HAKIRI KARE
KUGIRANGO BATURONSE IBININI BIKINGIRA
INGARUKA MBI ZITEWE NA MARARIYA.**



Bujumbura, septembre 2015



IHPB



IHPB

INTANGAMARARA

Marariya ni indwara iterwa n'imibu igasinzika abantu benshi, cane cane abana batarakwiza imyaka itanu n'abakenyezi bibungenze. Marariya ifise ingaruka mbi ku mukenyezi yibungenze no ku kibondo yibungenze. Na zo n'izi :

Ku mukenyezi yibungenze :

- ashobora gukama amaraso ;
- ashobora kuhasiga ubuzima (gupfa);

Ku kibondo yibungenze:

- Imbanyu ishobora gukoroka ;
- umwana ashobora kuvuka atageze (adakwije iminsi yo kuvuka)
- Umwana ashobora kuvuka adakwije ibiro ;
- umwana ashobora kuvuka apfuye
- umwana ashobora kuvukana amaraso make (kubura amaraso)

UBUSHIKIRANGANZI BW'AMAGARA Y'ABANTU BUTEGEKANYA IKI MU GUKINGA IZO NGARUKA MBI ZA MARARIYA KU BAKENYEZI BIBUNGENZE?

Hambavu y'umusegetera n'ubundi buryo busanzwe bukoreshwa mu kurwanya marariya, amavuriro araha abakenyezi bibungenze ibinini "Fansidari" bikinga marariya. Gukingira marariya abakenyezi bibungenze hakoreshejwe umuti « Fansidari » ni uburyo burashe bwo kurwanya ingaruka mbi ziterwa n'iyi ndwara ku mukenyezi yibungenze n'umwana ari mu mbanyu.

2 NI BANDE BATEGEKANIJWE KURONSWA IBININI BIKINGA MARARIYA?



Abakenyezi bibungenze guhera ku mezi ane n'ayarenga;

Menya neza :

Igihe umukenyezi yibungenze bamupimye bagasanga arwaye marariya :

- Bamuha umuti uvura marariya
- Bakongera bakamuha isango ryo kugaruka kw'ivuriro kuronswa Fansidari

3 NI BANDE BATARONSWA IBININI BIKINGA MARARIYA?

- Abakenyezi bibungenze bagendana umugera wa Sida banywa « Bagitirime » ukinga indwara z'ivyuririzi.
- abakenyezi bafise imbanyu itarakwiza amezi ane (umwana atarakina)

Menya neza :

• Urusukirane rw'imiti igize Fansidari nico kimwe n'urusukirane rw'imiti igize « bagitirime ». Niyo mpamvu umukenyezi yibungenze anywa « bagitirime » ataronswa « Fansidari ».

• Fansidari ifise ingaruka mbi:

-ku kibondo kiri mu mbanyu igihe umukenyezi yibungenze ayinyoye imbanyu itarakwiza amezi ane(4).

4 IBININI BIKINGA MARARIYA BITANGIRWA HEHE?

- Mu mavuriro yose, aho bapimira imbanyu

5 FANSIDAR: BAYINYWA GUTE ?



Umukenyezi yibungenze:

- Amirira icarimwe ibinini bitatu (3) vya "Fansidari", akabimirisha amazi imbere y'umuforoma yamupimiye imbanyu.

Menya neza :

- Kirazira kubitahana;
- Arashobora kubimira atafunguye;
- Kugirango umukenyezi yibungenze akingirwe neza, bisabwa ko anywa "Fansidari" n'imiburuburi ibirango bitatu (3) mu gihe yibungenze.
- Kirazira kunywa inzoga igihe wanyoye fansidari

Annex III: IHPB Indicators – Achievements for the period October-December 2015

Indicator	Data Source	Collection Method	Oct-Dec 2015	LOP Target
HIV/AIDS Indicators				
Number and percent of pregnant women with known status [NGI]	Facility reports	Document review	89.7% (15.785/17.751)	95%
Percent of pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy and delivery (DSD)	Facility reports	Document review	96.2% (205/213)	95%
Percentage of PEPFAR-supported sites achieving 90% ARV or ART coverage for HIV+ pregnant women	Facility reports/Project database	Document review	36.7% (33/90)	90%
Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Facility records	Document review	21.6% (46/213)	95%
Number of individuals who received Testing and Counseling (T&C) services for HIV and received their results	Facility reports	Document review	71,109	
Number of facilities that provide PEP to GBV survivors	Facility records	Document review	23	34 by EoP
Number of health providers trained in GBV case management	Training logs	Document review	0	(136 by EoP)
Number of persons receiving post-GBV care (Post-rape care, other post-GBV care, PEP)	Facility reports	Document review	31	+20%
Family Planning and HIV Integration: Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	Facility reports/Project database	Document review	57% (53/93)	90%
Number of HIV-infected adults and children who received at least one of the following during the reporting period: clinical staging or CD4 count or viral load	Facility reports	Document review	7030	19866
Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting [NGI C2.4.D]	Facility reports	Document review	47% (3301/7030)	95%
Number of adults and children receiving ART (TA only)	Facility reports	Document review	3808	
Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests (clinical laboratory)	Project records	Document review	5	6

Indicator	Data Source	Collection Method	October-December 2015	LOP Target
Malaria Indicators				
Number of cases treated or referred by CHWs (Malaria, diarrhea, ARI, FP, malnutrition, iron for pregnant women)	CHW reports	Document review	26,486	
		Document review	5991	
Number of health providers (nurses and medical doctors) trained on the new malaria treatment protocol	Training logs	Document review	157	
Number of CHWs trained in Community case management (CCM) of malaria	Training logs	Document review	0	
Proportion of children under five with fever who received ACT within 24 hours of onset of fever	CHW reports	Document review	84.6% (28,324/33,482)	
Number of health communication materials developed, field tested, and disseminated for use	Project records	Document review	0	4
MNCH Indicators				
Proportion of pregnant women attending ANC who received ITNs*	Facility reports	Document review	77.1% (17,858/23,164)	
Number/percent of women giving birth who received uterotonics in the third stage of labor through USGsupported programs [3.1.6-64]	Facility reports	Document review	56.2% (6,066/10,795)	
Number/percent of USG-supported facilities that provide appropriate life-saving maternity care (This will be defined as seven signal functions for BEmONC and nine signal functions for CEmONC)	Facility reports	Document review	26.6% (46/173)	
Number/percent of children who received DPT3 by 12 months of age in USG-Assisted programs [3.1.6-61]*	Facility reports	Document review	16865	
Proportion of children under five who received ITNs during measles immunization*	Facility reports	Document review	78.1% (11,634/14,899)	
Number of women reached with education on exclusive breastfeeding	CHW reports	Document review	41,743	
Family Planning indicators				
Percent of USG-assisted service delivery sites providing family planning counseling and/or services [3.1.7.1-3]	Facility reports	Document review	89.6% (155/173)	+5%
Percent of USG-assisted service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive methods that the SDP is expected to provide [3.1.7.1-2]	Facility reports	Document review	28.2% (42/149)	N/A
Health Systems Strengthening indicators				

*Extracted from GESIS - October and November only.

Number of people trained in supply chain management	Project training logs	Document review	106	100
Percent of facilities that maintain timely reporting	District records	Document review	173 (100%)	+5%